

Case Number:	CM15-0203334		
Date Assigned:	10/20/2015	Date of Injury:	06/15/2013
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female who sustained an industrial injury on 6-15-2013. A review of medical records indicates the injured worker is being treated for lumbar spine strain, lumbar radiculopathy, and degenerative joint disease of the lumbar spine with protrusion at T12-L1-2-3-4-5-S1. Medical records dated 8-25-2015 noted lower back problems without any improvement. She continued with light duty work activities. Physical examination noted tenderness over the upper, mid, and lower paravertebral muscles. Range of motion was limited with increased pain with lumbar flexion and extension. There was patchy decreased sensation in the bilateral lower extremities, right more so than the left, in the L5 and S1 distribution. Treatment has included injection, Tylenol # 3, and Naproxen since at least 7-1-2015. Utilization review form dated 9-24-2015 noncertified continuation of functional restoration program 2x6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional restoration program 2 times per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient was injured on 06/15/13 and presents with lumbar spine pain. The request is for FUNCTIONAL RESTORATION PROGRAM 2 TIMES PER WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE. There is no RFA provided and the patient has "light duty work activities." It appears that the patient has had prior FRP sessions. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient has tenderness over the upper, mid, and lower paravertebral muscles and a limited/painful range of motion. She is diagnosed with lumbar spine strain, lumbar radiculopathy, and degenerative joint disease of the lumbar spine with protrusion at T12-L1-2-3-4-5-S1. The 07/29/15 treatment report indicates that "the patient has had six functional restoration visits with improvement but remains symptomatic." The 08/25/15 treatment report states that the treater is requesting for "twelve additional functional restoration visits to the lumbar spine, which have been beneficial." Although the patient has had prior sessions with the FRP, there is no discussion provided regarding how the prior FRP specifically impacted the patient's pain and function besides saying that it was "beneficial." MTUS allows up to 160 hours when significant improvement has been demonstrated with FRP. In this case, it is unclear if the patient completed his 80 hours or 2 weeks course. Additional hours cannot be warranted without completion of the 2 week trial and documented improvement. Therefore, the requested additional FRP IS NOT medically necessary.