

Case Number:	CM15-0204349		
Date Assigned:	10/21/2015	Date of Injury:	06/09/2011
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational Medicine

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 36 year old, male who sustained a work related injury on 6-9-11. A review of the medical records shows he is being treated for lower back pain. In the progress notes dated 9-9-15, the injured worker reports daily pain and discomfort in low back. He still walks with an antalgic gait. He has been able to decrease Norco use from 2 to 4 tablets a day to 1 to 2 tablets a day. On physical exam dated 9-9-15, lumbar range of motion is decreased. He has left foot drop. He has tenderness and swelling noted in left leg. He had a functional restoration program evaluation on 4-22-15. In week four of the functional restoration program, he still has limited motion in his trunk and pelvis. He is eager to learn and try exercises presented to him. He actively participates in the psychology group. Treatments have included acupuncture, physical therapy, TENS unit therapy, medications, participation in a functional restoration program, lumbar spine surgery in 2011, and injections. Current medications include Norco. He is temporarily totally disabled. The treatment plan includes continuing the functional restoration program. The Request for Authorization dated 8-20-15 has a request for functional restoration program at Oasis x 2 weeks. In the Utilization Review dated 9-30-15, the requested treatment of a functional restoration program x 2 weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP x 2 weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker has already been authorized 4 weeks in a FRP. This is a request for an additional 2 weeks "to complete the program." Per the available documentation, the injured worker has decreased his opioid medication by 50% while in the program but there is no other documentation of functional improvement. The request for FRP x 2 weeks is not medically necessary.