

Case Number:	CM15-0205001		
Date Assigned:	10/21/2015	Date of Injury:	10/23/2004
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: Emergency 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 60-year-old male who sustained an industrial injury on October 23, 2004. Of note, he was deemed permanent and stationary in 2006. The worker is being treated for: lumbar region sprain; chronic pain syndrome, lumbar spondylosis without myelopathy. Subjective: October 26, 2004, low back pain. February 02, 2005, the worker states overtime "not sure whether or not pain has improved, but clear that the medication does help." July 14, 2014, he reports avoiding exercise due to pain but is able to walk for movement. March 16, 2015, he states, "typically pain is in his lower back, with referred pain down the left lower limb." Objective: October 26, 2004, back flexion to 6 in to toes, extension 10 degrees, 30 degrees rotation, and SLN 30 degrees to 45 degrees DTR's. July 14, 2014, lumbar spine noted tenderness throughout; flexion is 60 degrees, extension is zero to 10 degrees and both elicit pain. He is showing fear avoidance behavior of any kind of exercise and is becoming more deconditioned. Diagnostic: MRI lumbar spine January 10, 2005, EMG NCS. Medication: February 02, 2005: Vicodin, Naproxen, and soma. July 14, 2014, December 08, 2014: Omeprazole, Celebrex, and Tramadol. January 19, 2015 noted with denials for medications Omeprazole and Celebrex. March 16, 2015: Tramadol, Hydrocodone, and Lidoderm patches. Treatment: activity modifications, medications, physical therapy, December 08, 2014 noted denial of FRP, pain management request January 08, 2015, injection therapy, TENS unit trial. On September 18, 2015 a request was made for a functional restoration program two week time frame that was noncertified by Utilization Review on September 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration Program X 2 Weeks (50 Hours Of Contact Time): Upheld

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

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

Decision rationale: The requested 1 Functional Restoration Program X 2 Weeks (50 Hours Of Contact Time), is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs)" note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs, and note. These programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has states "typically pain is in his lower back, with referred pain down the left lower limb." Objective: October 26, 2004, back flexion to 6 in to toes, extension 10 degrees, 30 degrees rotation, and SLN 30 degrees to 45 degrees DTR's. July 14, 2014, lumbar spine noted tenderness throughout; flexion is 60 degrees, extension is zero to 10 degrees and both elicit pain. He is showing fear avoidance behavior of any kind of exercise and is becoming more deconditioned. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, 1 Functional Restoration Program X 2 Weeks (50 Hours Of Contact Time) is not medically necessary.