

Case Number:	CM15-0205569		
Date Assigned:	10/22/2015	Date of Injury:	07/17/2013
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 35 year old man sustained an industrial injury on 7-17-2013. Diagnoses include ventral hernia, lumbar radiculopathy, and low back pain. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of back and right leg pain with radiation to the abdomen with right testicle tingling. The worker rates his pain 6 out of 10 today with 3 out of 10 at the best and 9 out of 10 at the worst. There is documentation that "a physical examination was not performed today". Recommendations include increase Lyrica, functional restoration program evaluation, and follow up in eight weeks. Utilization Review denied a request for functional rehabilitation program on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, part day trial quantity: 80 hours/ 16 sessions/ 2 weeks:

Upheld

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

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

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The records do not provide the rationale or goals for program with regards to improvements in pain or function or why the program is indicated at this point in the course of the injury. The records do not support the medical necessity of a functional restoration program. Therefore the request is not medically necessary.