

Case Number:	CM15-0023096		
Date Assigned:	02/12/2015	Date of Injury:	02/06/2001
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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 38 year old female, who sustained an industrial injury reported on 2/6/2001. She has reported ongoing back pain, rated 7/10. The diagnoses were noted to have included post laminectomy syndrome of lumbar region; lumbosacral neuritis or radiculitis; chronic pain syndrome; and mood adjustment disorder secondary to chronic pain. Treatments to date have included consultations; diagnostic imaging studies; lumbar laminectomy with micro-dissection, and lumbar nerve root decompression surgery (8/2005); completion of a functional restoration program in 2009; and medication management. The work status classification for this injured worker (IW) was noted to be medically disabled and not returned to work. The psychological evaluation report, dated 12/17/2014, states the prognosis for this IW returning to work is fair, but that with the functional restoration program, is increases to good. On 1/29/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/22/2015, for a 10 day trial of a functional restoration program (FRP), 2 x a week x 5 weeks. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines; and the Official Disability Guidelines, pain, chronic pain, neck and upper back, chronic pain programs, FRP, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, ten day trial, twice weekly for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 - 32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The requested functional restoration program, ten day trial, twice weekly for five weeks, 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 treating physician has documented post laminectomy syndrome of lumbar region; lumbosacral neuritis or radiculitis; chronic pain syndrome; and mood adjustment disorder secondary to chronic pain. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria. Satisfaction of these criteria is not currently documented, including non-operative candidacy, the presence of functional deficits despite multiple conservative and surgical treatment trials and the presence of psychological overlay. The criteria noted above not having been met Functional restoration program, ten day trial, twice weekly for five weeks is not medically necessary.