

Case Number:	CM15-0027402		
Date Assigned:	02/19/2015	Date of Injury:	11/26/2012
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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 41-year-old male with an industrial injury dated November 26, 2012. The injured worker diagnoses include lumbar disc displacement, lumbar radiculopathy and lumbar sprain/strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/26/2015, the injured worker reported increased pain in the low back and right leg. Objective findings revealed decreased lumbar range of motion and decreased motor strength in the right leg. The treating physician prescribed functional restoration program evaluation for low back. Utilization Review determination on February 6, 2015 denied the request for functional restoration program evaluation for low back, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation- Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, Opioids, Functional Restoration Program (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: This patient presents with chronic low back pain with decrease range of motion and decreased strength in the right foot. The current request is for FUNCTIONAL RESTORATION PROGRAM EVAL-LOW BACK. The MTUS page 30 to 33 recommends functional restoration programs and indicates it 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 treatment would clearly be warranted, 5. The patient exhibits motivation to change, 6. Negative predictors of success above have been addressed. The Utilization review denied the request stating that there is no documentation as to the specifics of conservative treatment that has been tried and failed. In this case, the treating physician is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The patient is not considering surgery and has tried most conservative treatments including physical therapy and medications without much benefit. The evaluation IS medically necessary.