

Case Number:	CM15-0029007		
Date Assigned:	02/23/2015	Date of Injury:	03/06/2001
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 63 year old male sustained a work related injury on 03/06/2001. According to a partially legible progress report dated 01/21/2015, pain level was rated 7 on a scale of 1-10 without prescriptions. Diagnoses included chronic severe back and hip pain and L4/S1 radiculitis/radiculopathy/neuropathic pain. The other diagnosis was not legible. Plan of care included a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program, functional restoration residential program pain management, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 49, 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRP) Page(s): 49.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for HELP PROGRAM, FUNCTIONAL RESIDENTIAL PROGRAM

PAIN MANAGEMENT FOR THE LUMBAR SPINE. The 02/16/15 progress report indicates that the patient has had functional restoration program in the past. The MTUS guidelines page 49 recommends functional restoration programs (FRP) and indicate 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 treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, the treater asks for functional restoration program, but does not indicate why it is needed at this point and what can be accomplished with additional FRP. There is no documentation how the patient has benefitted from the previous FRP. The treater does not discuss what more is to be accomplished with additional FRP. Furthermore, the request does not indicate how many hours are requested and MTUS limits the program to 160 hours. The request IS NOT medically necessary.