

Case Number:	CM15-0221569		
Date Assigned:	11/17/2015	Date of Injury:	03/26/2014
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 32 year old, female who sustained a work related injury on 3-26-14. A review of the medical records shows she is being treated for left low back and knee pain. In the progress notes dated 9-17-15 and 10-15-15, the injured worker reports ongoing left low back and leg symptoms. She is 12 weeks pregnant. Upon physical exam dated 10-15-15, she has pain across the left hemipelvis posteriorly including the sacroiliac joint with antalgic gait leading on the cane. She has left hemipelvic girdle motor weakness. Treatments have included acupuncture, use of left knee brace, 2 left hip steroid injections, physical therapy (not helpful), and medications. Unable to have left sacroiliac joint injection due to pregnancy. Current medications include Flexeril, gabapentin, and Aleve. She is working modified duty. The treatment plan includes requests for a functional restoration program and refills of medications. In the Utilization Review dated 10-29-15, the requested treatment of a functional restoration program is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: 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): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: Per the CA MTUS guidelines cited, functional restoration programs are recommended when accessing programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. Of primary importance is that the injured worker must be motivated to improve and return to work. General use criteria include: appropriate evaluation to include baseline functional testing so follow-up functional improvement can be assessed; previous treatments have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; significant loss of ability to function independently resulting from the chronic pain; not a candidate where surgery or other treatments would clearly be warranted; motivation to change exhibited and is willing to forgo secondary gains; and negative predictors of success above have been addressed. Concerning this injured worker, the primary treating provider notes through 10-22-15 describe long-term left low back and hemipelvic pain, in addition to left anterior knee pain. She has also shown motivation to change and continues to work with restrictions. However, the injured worker has not exhausted all conventional treatment options (e.g. sacroiliac joint injection) due to her current pregnancy status. Therefore, based on the available medical records and cited guidelines, the participation of this injured worker in a functional restoration program is not medically necessary and appropriate at this time.