

Case Number:	CM15-0031739		
Date Assigned:	02/25/2015	Date of Injury:	05/29/2013
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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 30 year old female who sustained an industrial injury on 5/29/13. The injured worker reported symptoms in the neck, back and lower extremities. The diagnoses included chronic low back pain, lumbar spondylosis and lumbar radiculopathy. Treatments to date include physical therapy, epidural steroid injection, nonsteroidal anti-inflammatory drugs, and activity modification. In a progress note dated 12/9/14 the treating provider reports the injured worker was with "moderate pain with lumbar flexion and extension...severe pain with lumbar facet loading in the lower lumbar levels...diffuse tenderness to palpation of the lumbar spine and paraspinal musculature." On 2/9/15 Utilization Review non-certified the request for functional restoration program. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 Treatment Guidelines Functional Restoration Program.

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

Decision rationale: Based on the 01/13/15 progress report, the patient presents with neck, back and low extremity pain. The request is for functional restoration program. Patient's diagnosis includes chronic low back pain, lumbar spondylosis and lumbar radiculopathy. Treatments to date include 40 sessions of physical therapy, epidural steroid injection, nonsteroidal anti-inflammatory drugs, and activity modification. Per treater report dated 12/09/14, the patient was with "moderate pain with lumbar flexion and extension...severe pain with lumbar facet loading in the lower lumbar levels...diffuse tenderness to palpation of the lumbar spine and paraspinal musculature." The patient's current medications include Nabumetone and Cyclobenzaprine. Patient is temporarily totally disabled. The MTUS guidelines pg. 49 recommends functional restoration programs 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. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). 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, patient has failed all conservative treatments and presents with significant loss of function. UR dated 02/09/15 states, "patient is not a good surgical candidate given the MRI and the response to epidural injection." Evaluation for FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. However, the request is not for consultation or evaluation, but for the program itself without specifics regarding duration. The patient needs to be evaluated first before the program can be considered. The request for FRP IS NOT medically necessary.