

Case Number:	CM15-0049236		
Date Assigned:	03/23/2015	Date of Injury:	11/02/1999
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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, Hawaii
 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 54 year old female who sustained an industrial injury on 11/2/1999. Her diagnoses, and/or impressions, include failed back syndrome. No recent magnetic resonance imaging study is noted having been done. He has been treated with transcutaneous electrical stimulation unit therapy; Oxycontin (Hepatitis C safe opioid) with urine toxicology evaluations, epidural steroid injection therapy, Ibuprofen, and Thermacare. In a progress note dated 2/22/2015, the injured worker reported back, leg, neck and shoulder pain. Her treating physician reports her pain is less this visit, is intermittent, comes on gradually, and is well managed on her medications, but that her sleep is worse than usual; also that she is permanent and stationary following lumbar fusion surgery. The physician's requests included a functional restoration program due to having been denied repeat epidural steroid injection therapy and a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

Decision rationale: The patient presents with pain affecting the low back. The current request is for 1 functional restoration program. The treating physician states, "Patient is awaiting FRP." (23) The treating physician also documents that the patient has had a functional restoration program before but in the records provided for review, it was not clear if the patient experienced any improvement with the program. (133) The MTUS guidelines states, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In this case, the 6 criteria outlined in the MTUS guidelines have not been addressed. There is no documentation that the patient has had an adequate and thorough evaluation with baseline functional testing, previous methods of treating chronic pain have been unsuccessful, that the patient is motivated to change, or that the patient is not a candidate for surgery. Additionally, there is no frequency or duration recommended for this functional restoration program and MTUS only allows 20 full day sessions. The patient has had a previous functional restoration program but the duration and amount was not documented for review. The current request is not medically necessary and the recommendation is for denial.