

Case Number:	CM15-0052398		
Date Assigned:	03/25/2015	Date of Injury:	02/15/2004
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on February 15, 2004. She reported a low back injury she related to lifting 375 pounds. The injured worker was diagnosed as having lumbosacral neuritis, lumbar intervertebral disc displacement, and spondylosis without mention of myelopathy. Treatment to date has included magnetic resonance imaging, medications, cognitive behavioral therapy, physical therapy, stretching, and transcutaneous electrical nerve stimulation. On March 13, 2015, she was evaluated for continuation of her functional restoration program for the low back. She admitted to self stopping her opioid based medications due to her reported inability to control the use of these medications. The treatment plan included: prescribing Clonidine patch, Ativan, and sublingual Suboxone, and putting the functional restoration program on hold until she is stable. The request is for 4 additional weeks of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 ADDITIONAL WEEKS OF FUNCTIONAL RESTORATION PROGRAM (TO INCLUDE 14 HOURS OF PATIENT EDUCATION; 18 HOURS OF PHYSICAL THERAPY/THERAPEUTIC EXERCISE 18 HOURS OF PSYCHOTHERAPY AND 6 HOURS OF NON-MEDICAL SERVICES: 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 (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 40.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included participation in a Functional Restoration Program which is now on hold pending detoxification treatment for opioid dependence. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.