

Case Number:	CM15-0238348		
Date Assigned:	12/15/2015	Date of Injury:	04/29/2015
Decision Date:	01/25/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/07/2015

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: Pennsylvania, Ohio, 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 38 year old female, who sustained an industrial injury on 04-29-2015. A review of the medical records indicates that the worker is undergoing treatment for lumbago, bilateral wrist tendinopathy and lumbar spine disc herniation with bilateral neural foraminal narrowing. Treatment has included Fexmid, Naproxen, topical analgesics, chiropractic therapy and acupuncture therapy. Subjective complaints (07-15-2015, 08-12-2015 and 09-23-2015) included abdominal, low back and bilateral wrist pain rated as 7 out of 10. Low back pain was noted to radiate up the mid back with stabbing sensation. Objective findings of the lumbar spine revealed tenderness to palpation of the lumbar spine with spasms of the right paraspinals and tenderness to palpation of the L4 and L5 spinous processes and sacroiliac joint bilaterally. The physician noted that the worker would continue functional restoration program as well as acupuncture therapy but there was no rationale for the functional restoration program request and no evaluation for the program, submitted. A utilization review dated 12-02-2015 non-certified a supervised functional restoration program to the lumbar spine 2 times weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised functional restoration program to the lumbar spine 2 times weekly for 6 weeks:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, functional restoration program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS discusses a "functional restoration program" in the context of whole-patient functional loss and not in the context of one particular body part such as the lumbar spine. Moreover an FRP program is indicated if a patient has exhausted all other potential treatment options and has also completed an FRP evaluation; these criteria have not been met. Overall the nature of the treatment requested at this time is unclear and is not supported by MTUS without further clarification. This request is therefore not medically necessary.