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| Case Number: | CM14-0147285 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 02/20/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 45 year-old male was reportedly injured on February 20, 2011. The mechanism of injury is noted as a fall. Specifically, the patient was leaning on a rail, when it broke, causing him to fall down a flight of stairs. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of low back, right knee, right ankle, and left hand pain. According to this note, the left hand and right ankle pain have almost resolved, but the right knee and back pain continues to bother him, ranging from age 3-5/10 on the pain scale and improving to a 0-2/10 with analgesics. The documentation states that he is able to carry activities of daily living. The physical examination is limited, and notes mild tenderness to lumbar paraspinal muscles. Diagnostic imaging studies are not provided for review, but the most recent progress note comments on an MRI of the lumbar spine from April 2011, which showed disc desiccation at L4-L5 and a posterior bulging disc at L4-L5. Previous treatment includes epidural injections, electrical muscle stimulation, physical therapy, and a home exercise program. A request had been made for additional days of a Functional Restoration Program and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (additional days) QTY: 22.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 30.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. After review of the available medical records, the claimant does not meet required criteria as there is no specific plan for him to return to work. Furthermore, previous methods of treating chronic pain have been successful in the past, as the clinician documented that the patient was able to perform activities of daily living. As such, this request is not considered medically necessary.