

Case Number:	CM14-0148506		
Date Assigned:	09/18/2014	Date of Injury:	04/17/2002
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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:

According to the records made available for review, this is a 46-year-old male with a 4/17/02 date of injury and status post L4-S1 fusion on 5/15/12. At the time (8/13/14) of request for authorization for Functional restoration Program (days) quantity 10.00, there is documentation of subjective (chronic severe pain with difficulty performing activities of daily living) and objective (tenderness to palpation over the lumbar facets with spasms, positive straight leg raise test on the right, decreased and painful lumbar range of motion, and decreased strength of the bilateral lower extremities) findings, current diagnoses (chronic pain syndrome, lumbar post laminectomy syndrome, myospasm, and lumbosacral disc degeneration), and treatment to date (lumbar surgery, aquatic therapy, injections, physical modalities, spinal cord stimulator implantation, and medications). Medical report identifies a request for additional physical therapy and that the patient is motivated to participate in the functional restoration program. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration Program (days) quantity 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30,49.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar post laminectomy syndrome, myospasm, and lumbosacral disc degeneration. In addition, there is documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. In addition, given documentation of a request for additional physical therapy, there is no (clear) documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Functional restoration Program (days) quantity 10.00 is not medically necessary.