

Case Number:	CM14-0166140		
Date Assigned:	10/13/2014	Date of Injury:	07/25/2013
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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 Texas. 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 claimant is a 28 year old male who sustained a work injury on 7-25-13. The medical records were reviewed. The claimant has been treated with injections, activity modification, physical therapy and medications. He had been working until approximately July 2014. The claimant reports low back pain with radiation into the groin, legs, and to the knee, right more than left. On 9-3-14, the claimant underwent a functional restoration program evaluation and it was felt that the claimant was a good candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Monday-Thursday, 830am-300pm for 12 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - FRP

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs

(FRPs), a type of treatment included in the category of interdisciplinary pain programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This claimant has lumbar complaints with ability to work post injury. He has been treated conservatively and no indication as to objective findings to support inability to work from July 2014 on other than subjective complaints. He does not have significant findings on exam. Therefore, the medical necessity of this request is not established.