

Case Number:	CM14-0177721		
Date Assigned:	10/31/2014	Date of Injury:	08/09/2011
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with date of injury 8/9/11. The treating physician report dated 10/6/14 indicates that the patient presents with pain affecting the lower back and bilateral lower extremities. The physical examination findings reveal lumbosacral tenderness with myofascial tightness, decreased lumbar ROM (range of motion), +SLR (straight leg raise) bilaterally with normal reflexes and muscle strength. The current diagnoses are: 1.Lumbosacral s/s injury 2.L4/5 disc bulge 3.Spondylolisthesis L5/S1 with mild to moderate foraminal stenosis affecting S1 root 4.Left L4 lumbosacral radiculopathy 5.Status post low back surgery fusion on 12/2/13 at L5/S1 The utilization review report dated 10/22/14 denied the request for two weeks participation in a functional restoration program based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) weeks participation in a functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32;49.

Decision rationale: The patient presents with chronic lower back pain with lower extremity pain 10 months status post lumbar fusion at L5/S1. The current request is for Two (2) weeks participation in a functional restoration program (FRP). The treating physician report dated 10/6/14 states, "The patient still has a lot of pain and discomfort. So we are requesting authorization for FRP treatment for the patient. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically stated that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." The MTUS guidelines do recommend functional restoration programs. However there are 6 criteria that must be met for the recommendation for FRP. In reviewing the treating physician report dated 10/6/14 it does not appear that all 6 criteria have been met. There is no baseline functional testing performed, there is no documentation of significant loss of ability to function independently, there is no documentation that the patient exhibits motivation to change and is willing to forgo secondary gains, including disability payments to effect this change and the negative predictors of success have not been addressed. MTUS is very specific that all criteria must be met to engage in a functional restoration program. Request is not medically necessary.