

Case Number:	CM14-0089252		
Date Assigned:	07/23/2014	Date of Injury:	09/29/2005
Decision Date:	12/30/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine 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:

This is a 51-year-old female with a 9/29/05 date of injury, due to cumulative trauma. The patient was seen on 4/22/14 for the follow up visit. The patient stated that FRP has been helping her to better cope, adjust, and adapt the chronic pain condition. Exam findings revealed decreased lumbosacral range of motion, 5/5 motion strength in the lower extremities and positive SLR test bilaterally. The telephone conversation with the requesting physician placed on 5/30/14 indicated that the patient has been making good gains from FRP, that she tapered off all narcotics and that she gained in psych scores. The diagnosis is lumbosacral sprain/strain, myofascial disc injury and lumbosacral disc injury and radiculopathy. Treatment to date: work restrictions, TENS unit, PT, psychotherapy, FRP, acupuncture and medications. An adverse determination was received on 5/23/14 given that the program is routinely 6 weeks full time and no extenuating circumstances were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: 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 FRP
Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The progress notes indicated that the patient benefited from FRP. However, given that the patient's injury was over 9 years ago it is not clear if she participated in FRP in the past. Additionally, the patient accomplished 4 weeks of FRP and the additional weeks would exceed the Guidelines recommendations. In addition, there is a lack of rationale with newly specified goals for the patient and it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Functional Restoration Program Evaluation was not medically necessary.