

Case Number:	CM14-0155532		
Date Assigned:	09/25/2014	Date of Injury:	02/11/2013
Decision Date:	06/02/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male sustained an industrial injury to the low back on 2/11/13. The injured worker also complained of ongoing depression and anxiety associated with panic attacks. Previous treatment included magnetic resonance imaging, electromyography, epidural steroid injections, cognitive behavioral therapy, physical therapy, home exercise and medications. In a progress note dated 8/5/14, the injured worker reported that his low back and left lower extremity pain were not as constant as before. The injured worker rated his pain 1/10 on the visual analog scale with no pain radiating down the leg. The injured worker continued to work on modified duty. The injured worker reported that his anxiety was reduced due to ongoing cognitive behavioral therapy. Physical exam was remarkable for full strength to bilateral lower extremities with decreased sensation over the left S1 distribution with negative straight leg raise bilaterally. Current diagnoses included lumbar spine degenerative disc disease with bilateral radiculopathy, left S1 radiculopathy, reactive depression and anxiety, sleep dysfunction and lumbar facet syndrome. The treatment plan included physical therapy, continuing cognitive behavioral therapy, medications (Ketoprofen and Terocin patches) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of a part time Functional Restoration Program 3-hour sessions per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. 12 sessions of a part time Functional Restoration Program 3 hour sessions per week for 4 week is not medically necessary.