

Case Number:	CM14-0211403		
Date Assigned:	12/24/2014	Date of Injury:	02/11/2013
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 27-year-old male who reported an injury on 02/11/2013. The injured worker was reportedly pulling a tray of dirt when he experienced a severe central/left sharp pain in his lower back. Previous conservative treatment includes physical therapy, chiropractic treatment, medication management, home exercise, and epidural steroid injection. The injured worker presented on 11/20/2014 for a physical function consultation. It was noted that the injured worker performed low level activities of daily living and household chores with difficulty and required long periods of rest. The injured worker's functional capacity had diminished as a result of the decreased core strength, lifting/carrying capacity, and decreased balance. It was in the opinion of the physical therapist that the injured worker could significantly improve his functional state by attending a functional restoration pain management program. The injured worker presented on 11/25/2014 for a followup visit regarding ongoing lower back pain. Upon examination, the injured worker was in no acute distress and cognitively intact. The injured worker walked with a normal gait and had full strength in the bilateral lower extremities with intact sensation and a negative straight leg raise bilaterally. The injured worker was instructed to proceed with the 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; 5 days a week for 8 weeks for a total of 40 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): page 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. According to the documentation provided, the injured worker has exhausted conservative treatment. It is noted that there are no negative predictors to suggest that the injured worker would not have success in the program. The injured worker was noted to be highly motivated to return to work. The injured worker met the criteria for entrance into the Functional Restoration Program; however, the request with a frequency of 5 days per week for 8 weeks exceeds guideline recommendations and would not allow for re-evaluation at 2 weeks. It should not be utilized for more than 2 weeks without re-evaluation. Given the above the request for a Functional Restoration program; 5 days a week for 8 weeks for a total of 40 sessions is not medically necessary.