MAXIMUS Federal Services

Case Number:	CM14-0213432		
Date Assigned:	12/30/2014	Date of Injury:	12/04/2009
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old male with a DATE date of injury. At the time (11/14/14) of request for authorization for 2 Weeks (50 hrs.) of FRP (functional restoration program), there is documentation of subjective (low back and bilateral buttocks pain) and objective (decreased lumbar range of motion and positive trigger points over gluteus medius as well as levator scapulae muscles) findings, current diagnoses (lumbar spondylosis without myelopathy, lumbar radiculopathy, and acute on chronic axial low back pain), and treatment to date (physical therapy, chiropractic therapy, and medications). Medical reports identify that patient's functionality has decreased, sitting/standing tolerances are at 30 minutes, and pushing/pulling/lifting tolerances are limited to 10-20 pounds; patient has no options for further surgeries; patient exhibits motivation and is willing to forgo secondary gains; previous methods of treating chronic pain has been unsuccessful, specifically anti-neuropathic medication trials, short acting medications trials, physical therapy, and chiropractic treatments; and that an adequate and thorough evaluation has been made including baseline testing so follow-up with the same test can note functional improvement, through an interdisciplinary pain team with a pain psychologist, and physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Weeks (50 hrs.) of FRP (functional restoration program): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, lumbar radiculopathy, and acute on chronic axial low back pain. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery; the patient exhibits motivation to change; and that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains.However, despite documentation that an adequate and thorough evaluation has been made including baseline testing so follow-up with the same test can note functional improvement, through an interdisciplinary pain team with a pain psychologist, and physical therapist, there is no documentation of the functional restoration program evaluation report. Therefore, based on guidelines and a review of the evidence, the request for 2 Weeks (50 hrs.) of FRP (functional restoration program) is not medically necessary.