MAXIMUS Federal Services

Case Number:	CM15-0008156		
Date Assigned:	01/23/2015	Date of Injury:	07/22/2013
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 24 year old male, who sustained a work related injury on July 22, 2013, suffering back injuries. He underwent a Magnetic Resonance Imaging (MRI) on November 6, 2013, which revealed a lumbar sacral disc protrusion without nerve root displacement or compression. Electromyogram studies demonstrated left sided lumbar radiculopathy. Treatment included anti-inflammatory medications, acupuncture, chiropractic adjustments and a Trans cutaneous Electrical Nerve Stimulation (TENS) unit.Currently, in November, 2014, the injured worker continued to complain of thoracic back pain, pins and needles and increased pain with bending stooping, squatting and lifting.On December 10, 2014, a request for a service of a Functional Restoration Program was non-certified by Utilization Review, noting the MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. A two week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The documentation concluded the worker was suffering from lumbar degenerative disk disease, myofascial pain syndrome, and GERD. While the worker's symptoms have been resistant to many treatments, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a functional restoration program is not medically necessary.