

Case Number:	CM15-0010081		
Date Assigned:	01/27/2015	Date of Injury:	02/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, 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 33 year old male was injured 2/5/13 in an industrial accident injuring his lumbar spine with radiating right leg symptoms. Currently he is experiencing low back pain with numbness and tingling into right leg. Current pain medications include Flexaril, Tylenol#3, icy hot, Tramadol and ibuprofen. Diagnoses include low back pain; lumbar facet arthropathy and lumbar degenerative disease. Treatments included chiropractic care, lumbar epidural steroid injections with temporary modest improvement, electromyography/ nerve conduction studies, L3-S1 facet injection and physical therapy. Diagnostics included MRI of the lumbar spine (10/29/13). On 12/2/14 the treating provider requested functional restoration program, 5 sessions per week, 20 part day sessions, 80 hours. On 12/17/14 Utilization Review non-certified the request for functional restoration program, 5 sessions per week, 20 part day sessions, 80 hours citing MTUS: Chronic Pain Medical Treatment Guidelines (Functional restoration Programs).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program, 5 session per week for 6-8 wees, 20 part day sessions, 80 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 32 of 127.

Decision rationale: No, the proposed functional restoration program is not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program/chronic pain program include evidence that previous methods of treatment have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the applicant's primary constraints were apparently a function of his underlying psychopathology, it was stated on several occasions. The applicant was having significant issues with depression, anxiety, etc., evident on November 24, 2014 resulting in a Global Assessment of Functioning (GAF) of 55. The applicant was not using any psychotropic medications as of that point in time. It did not appear, thus, that the attending provider had exhausted and/or attempted conventional outpatient office visits, psychotropic medications, psychological counseling, etc., prior to the request for the functional restoration program being initiated. Therefore, the request was not medically necessary.