

Case Number:	CM15-0015798		
Date Assigned:	02/03/2015	Date of Injury:	06/20/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 54-year-old male who reported injury on 06/20/2012. The mechanism of injury was not provided. The injured worker was noted to have had back surgery in 06/2013, physical therapy and 2 epidural steroid injections. The injured worker was noted to have attended 55 hours of a pain program. There was a Request for Authorization submitted for review dated 12/04/2014. The request was made as it was indicated, per the documentation of 12/04/2014, that a Functional Restoration Program was medically necessary. The injured worker had met with a multidisciplinary team, including a physician pain specialist, psychologist and physical therapist. The documentation of 10/22/2014 revealed the injured worker was hit in the back by a 400 pound barrel on 11/22/2011. The injured worker's prior treatments included medications, physical therapy, home exercise, aquatic therapy, facet joint therapy, massage therapy and Fleet's Enemas. The diagnostic studies included an x-ray and MRI. The injured worker underwent lumbar spine surgeries. The injured worker underwent facet injections. The documentation indicated the injured worker had mild depression. The diagnoses included postlaminectomy syndrome. The injured worker's medications included tramadol and Elavil. The injured worker was noted to undergo an Agreed Medical Evaluation in 11/2014, which revealed the injured worker had participated in 55 hours out of an approved 80 hours. The injured worker was on the same medications. The documentation of 10/22/2014 failed to provide documentation of the benefit from the prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Program for 80 hours for the low back: 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 Program, Functional Restoration Program Page(s): 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 injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker 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. There was a lack of documentation of exceptional factors to support the necessity for an additional program. There was a lack of documentation of the subjective and objective gains that were received from the prior 55 hours of the program. Given the above and the lack of documentation of exceptional factors, the request for ██████████ Program from 80 hours for the low back is not medically necessary.