

Case Number:	CM15-0112382		
Date Assigned:	06/18/2015	Date of Injury:	01/28/2014
Decision Date:	07/17/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

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

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 female who sustained an industrial injury on 1/28/14 when she overstretched her back while reaching developing pain in the left lumbar spine. She is currently experiencing persistent low back pain and now beginning to radiate up the left side of the back and down the left lower extremity. Her pain level is 9-10/10. Her activities of daily living were limited in the areas of performance of household duties, socialization, financial, limitations with sitting, standing and walking. Medications are Lidoderm patch, Cyclobenzaprine, and ibuprofen. Diagnoses include sacroiliac pain; lumbar radiculopathy; chronic pain syndrome. Treatments to date include left sacroiliac joint injection (2/5/15) offering two hours of relief; physical therapy; chiropractic care; myofascial therapy; acupuncture; medications; home exercise program; psychological evaluation. Treatments provided minimal benefits in pain relief. Diagnostics include x-ray of bilateral hips (2/26/15) unremarkable; MRI of the lumbar spine (4/22/14). In the progress note dated 3/17/15 the treating provider's plan of care includes a request for functional restoration program to optimize her functional recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, trial for 20 days per 05/07/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) p49.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back pain. When seen, pain was rated at 9-10/10. There had been short-term improvement after a left sacroiliac joint injection. The assessment references having tried multiple therapies and medications with minimal reduction in symptoms. The claimant is described as wanting to return to work as soon as possible. She was evaluated for participation in a functional restoration program on 05/07/15. Findings included significant pain behaviors. She had not returned to work. She was limited and household activities. She was felt to be an appropriate candidate for participation in a functional restoration program. Authorization for participation for 20 days was requested. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the requested number of sessions and duration of the program is in excess of recommended guidelines and not medically necessary.