

Case Number:	CM15-0121959		
Date Assigned:	07/06/2015	Date of Injury:	09/26/2012
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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:

The applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 26, 2012. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for a two-week functional restoration program for the low back. The claims administrator referenced an RFA form received on June 12, 2015 in its determination. The claims administrator contended that the applicant had completed two weeks of treatment via a functional restoration program in 2015, preceded by two weeks of an earlier such program in 2014. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported ongoing complaints of low back pain radiating into right lower extremity, reportedly severe. The applicant was asked to continue Tylenol No. 3 and Lyrica. A permanent 10-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On June 8, 2015, the applicant again reported ongoing complaints of low back pain radiating into leg, reportedly severe. Tylenol No. 3, Lyrica, and the same, unchanged, 10-pound lifting limitation were imposed. The applicant was given a handicapped placard on an earlier note dated May 23, 2015. On February 20, 2015, the applicant's spine surgeon noted that the applicant had received previous treatment via a functional restoration program. The applicant nevertheless remained off of work, on total temporary disability; it was reported at this point in time. The applicant was on Keppra, Tylenol No. 3, and Lyrica, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program time 2 weeks treatment for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

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

Decision rationale: The request for a functional restoration program x2 weeks for low back was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, the applicant had received four weeks of treatment via the functional restoration program in question, the claims administrator suggested in its Utilization Review report prior to the date of the request. The applicant's spine surgeon also noted on February 20, 2015 that the applicant remained off of work, on total temporary disability, at that point in time, despite receipt of an earlier functional restoration program. The applicant was still using Tylenol No. 3, Lyrica, and Keppra, it was reported at that point in time. On June 8, 2015, the applicant's pain management physician noted that the applicant had an unchanged, 10-pound lifting limitation in place, despite receipt of earlier treatment via the functional restoration program in question. The applicant remained dependent on Tylenol No. 3 and Lyrica, it was reported at that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior treatment via the functional restoration program at issue. Therefore, the request for an additional two weeks of treatment via the functional restoration program in question was not medically necessary.