MAXIMUS Federal Services

Case Number:	CM15-0122482		
Date Assigned:	07/06/2015	Date of Injury:	02/22/2012
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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
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 31-year-old male who sustained an industrial injury on 2/22/12. He had complaints of lower back pain and within 2 months, neck pain. Treatments include medications, trigger point injections, functional restoration therapy, acupuncture, and shock wave therapy to the neck. Orthopedic progress note dated 3/31/15 reports improvement with functional restorative therapy but remains symptomatic with the lumbar spine being the worst. Pain management consultation dated 5/1/15 reports continued complaints of neck and lower back pain. The injured worker has complaints of neck pain, tenderness, limited range of motion, and weakness in the spine with radiation into shoulders, upper back and upper extremities. The lower back pain radiates into both buttocks and thighs with numbness and tingling in the lower extremities. The pain is rated 6/10. Diagnoses include lumbar disc herniation and lumbar radiculopathy. Plan of care includes: continue medications and epidural steroid injections. He is to follow up if he would like to precede the epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration 2 X 3, 6 sessions: 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), pages 30-34, 49.

Decision rationale: Review noted the patient has been attending an unspecified FRP without documented outcome provided. It appears the patient has not exhausted any conservative treatment trial and remains functionally unchanged for this chronic injury of 2012. It is unclear why the patient requires a Functional Restoration Program evaluation at this time. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits amendable to a FRP with motivation for functional status change. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation-oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above nor is there identified psychological or functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. Medical indication and necessity have not been established. There is also plan for epidural injections. The Functional Restoration 2 X 3, 6 sessions is not medically necessary and appropriate.