

Case Number:	CM15-0126885		
Date Assigned:	07/13/2015	Date of Injury:	03/27/2014
Decision Date:	08/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 injured worker is a 39 year old female, who sustained an industrial injury on 3/27/2014. She reported injury to her low back while lifting and lowering a heavy object. The injured worker was diagnosed as having lumbar disc disorder, lumbar radiculopathy, and low back pain. Treatment to date has included diagnostics, modified work, physical therapy, chiropractic, epidural injection, back brace, transcutaneous electrical nerve stimulation unit, home exercise program, pain counseling, and medications. It was the opinion of the neurosurgeon that no surgical care was necessary. The Qualified Medical Examination (4/30/2015) noted a status of permanent and stationary, unless she underwent functional restoration program (FRP) or her condition changed. A functional restoration evaluation was completed. Currently, the injured worker complains of significant functional limitations due to pain. She reported persistent, moderate to severe lumbar-thoracic back pain. She had mostly axial pain which radiated to her bilateral heels and left greater than right leg. She also reported numbness in her posterior left calf. She was currently not working. Current medications included Nortriptyline, Neurontin, and Cymbalta. She was experiencing a number of behavioral complaints, noting severe anxiety and depression symptoms. The treatment plan included 16 part day sessions (total-80 hours) in a FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program trial 16 part day sessions - 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement, Meets criteria. 2) Failure of prior chronic pain treatment, Fails criteria. While patient has completed some conservative care, there is documentation of additional care and sessions scheduled and have yet to be completed. 3) Loss of function due to pain, Meets criteria. 4) Not a candidate for surgery, Meets criteria. 5) Motivation to change, Fails criteria. Pt appears depressed but states desire to improve. Depression should be treated prior to attempt of FRP. (6) Negative predictors for success has been addressed, Fails criteria. Patient appears to have some psychological issues that need to be addressed for maximal success of FRP. Patient has yet to fail conservative therapy and treatment of psychological issues to recommend FRP. Functional Restoration Program is not medically necessary.