

Case Number:	CM15-0044946		
Date Assigned:	04/14/2015	Date of Injury:	04/26/2010
Decision Date:	05/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania, Ohio, 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 41 year old female, who sustained an industrial injury on 4/26/10. She reported back injury. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, lumbar disc bulges, anxiety/stress, depression, insomnia, sexual deficiency and gastritis. Treatment to date has included activity restrictions, chiropractic treatment, oral medications and home exercise program. Currently, the injured worker complains of low back pain. The injured worker notes her pain level reduces to a tolerable level with medications. Upon physical exam, tenderness is noted at L4-5 and L5-S1 with decreased range of motion. The treatment plan for the progress note dated 7/7/14, consisted of prescription for oral medications, prescription for transdermal medications, gym membership and a healthy diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program at [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

Decision rationale: MTUS recommends consideration of a functional restoration program only for patients who meet very specifically outlined criteria. These criteria include the need for a detailed FRP evaluation if a patient is felt to likely meet these detailed criteria. In this case, an RFA of 2/2/15 requested an FRP evaluation. However, the initial physician review in this case considered and denied an FRP rather than an FRP evaluation. The records and appeal letter in this case do clearly outline the rationale for the FRP eval, which was originally requested. As the FRP eval is on the RFA, that is the treatment, which is, appropriate for this IMR. Therefore, the initial RFA request for an FRP EVALUATION (but not the actual FRP program) is medically necessary.