

Case Number:	CM15-0046423		
Date Assigned:	03/18/2015	Date of Injury:	02/18/2010
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male patient, who sustained an industrial injury on 02/18/2010. A primary treating office visit dated 10/29/2014, reported subjective complaint of bilateral leg pain and back pain. He has difficulty standing, walking, and also when he is bending or lifting. In addition, he suffers from diabetes and obesity; not surgical candidate. The patient's goal is get back to a modified work environment. There was discussion regarding pending request for attending a functional restoration program (FRP). He has stopped using Topamax and feels his rash has improved. He does continue using Flexiril for muscle spasm, Gabapentin for nerve pain, and Protonix covering his gastric issue. Objective findings showed an antalgic gait, decreased sensation to dermatomes L3, L4 right L5, S1, positive straight leg raise on right and lumbar spine with spasm/guarding. The following diagnoses are applied: spondylosis lumbosacral, stenosis spinal lumbar and sciatica. He was prescribed Flexiril #90, Gabapentin 600mg #60 and Protonix #60. The Topramax was discontinued. The plan of care involved continuing in a modified work environment, pending FRP authorization, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration aftercare program x 6 for the lumbar spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, functional restoration program “Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in “Delayed recovery.” This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs.” There is no documentation that the patient condition required more restoration program. The patient underwent several sessions of FRP and there no clear documentation of the outcome of previous sessions. There is no documentation of the outcome of previous use of functional restoration program and the need for more programs is not clear. Therefore, the request for [REDACTED] [REDACTED] functional restoration aftercare program x 6 for the lumbar spine is not medically necessary.