

Case Number:	CM15-0066619		
Date Assigned:	04/14/2015	Date of Injury:	07/09/2013
Decision Date:	05/21/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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 39 year old male, who sustained an industrial injury on July 9, 2013. He reported low back pain radiating into the left leg. The injured worker was diagnosed as having possible lumbar disc injury, left sacral 1 radiculopathy, coccydynia, lumbosacral sprain injury, thoracic sprain/strain injury and myalgia/myositis. Treatment to date has included radiographic imaging, diagnostic studies, conservative care, acupuncture, functional restorative program, lumbar epidural injection, medications and work restrictions. Currently, the injured worker complains of low back pain radiating into the left lower extremity. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted acupuncture 3 provided only short-term benefit. Evaluation on December 10, 2014, revealed continued pain as noted. Addition functional restoration sessions were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional (FRP) Functional Restoration Program x 2 weeks (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 7.

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

Decision rationale: MTUS requires integrative summary reports every 2 weeks during functional restoration program (FRP) participation in order to guide recommendations for further FRP treatment. The records in this case from the treating physician (including an appeal letter prompting this IMR) discuss initial FRP improvement in a subjective sense; however, these records do not clearly document functional improvement and functional goals objectively and consistent with MTUS. Thus, the guidelines for additional FRP treatment have not been met; this request is not medically necessary.