

Case Number:	CM15-0068797		
Date Assigned:	04/16/2015	Date of Injury:	05/12/2013
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on May 12, 2013. He reported an injury to his back. His initial diagnoses included lumbar spine disc injury, lumbar spine radiculopathy, cervical strain, myofascial pain syndrome, lumbar disc displacement, cervical sprain/strain and lumbar sprain/strain. Prior treatment included imaging of the spine, chiropractic therapy, injection, and medications. Currently, the injured worker complains of ongoing pain and discomfort in the neck and back with radiation into the bilateral upper and lower extremities. On examination, the injured worker has a limited range of motion in the neck and back, has decreased cervical lordosis, and lumbar lordosis and has a positive right straight leg raise. His treatment plan includes functional restoration program. Diagnoses associated with the request include cervical strain, lumbar spine strain and lumbar spine radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Restoration Program (FRP) for two weeks (ten days): Upheld

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

Page(s): 31 - 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-34, 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. There is not an attached adequate initial evaluation that includes baseline functionality testing to determine suitability for participation in a FRP. Additionally, there is no documentation of having addressed the negative predictors of successful completion on the FRP. The request for initial Functional Restoration Program (FRP) for two weeks (ten days) is determined to be not medically necessary.