

Case Number:	CM15-0069070		
Date Assigned:	04/16/2015	Date of Injury:	08/03/2014
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
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, North Carolina
Certification(s)/Specialty: Family Practice

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 08/03/2014. She reported low back pain after a fall, she was lateral diagnosed with herniated disc, lumbar strain, musculoskeletal pain and sciatica. On provider visit dated 03/12/2015 the injured worker has reported chronic low back pain. On examination of the lumbar spine she was noted to have tenderness to palpation over the lumbar facet at L4-L5 and L5-S1. There was myofascial tension noted. The diagnoses have included lumbar radiculitis, lumbar degeneration disc disease and myofascial pain. Treatment to date has included medication, physical therapy, MRI, chiropractic therapy, injections and home exercise program. The provider requested Functional Restoration Program x 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Northern California Functional Restoration Program.

Decision rationale: This patient is a 41 yo female diagnosed with neck sprain, LS spondylosis, lumbar disc displacement and acquired spondylolisthesis. She complains of chronic back pain, however is able to stand and walk without difficulty and can lift 40 lbs. The Functional Restoration Program (FRP) emphasizes function over the elimination of pain. The claimant has long-standing chronic pain with loss of function despite extensive conservative measures, including physical therapy and injections. The documentation does not include a multidisciplinary FRP evaluation for this patient. Thus it cannot be determined if she is an appropriate candidate for the program. An FRP evaluation is appropriate at this time and the request can be reconsidered once the evaluation is completed and reviewed. Without the evaluation, the request must be deemed not medically necessary at this time.