

Case Number:	CM15-0076934		
Date Assigned:	04/28/2015	Date of Injury:	01/30/2006
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 36-year-old male, who sustained an industrial injury on January 30, 2006. He reported low back pain. The injured worker was diagnosed as having backache not otherwise specified. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, physical therapy, chiropractic care, acupuncture, epidural injections, medial branch blocks, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain down bilateral lower extremities with associated tingling and numbness. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 2, 2014, revealed continued pain as noted. A functional restoration program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (2-week trail): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Restoration Program Page(s): 49.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Functional Restoration Programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Treatment is not suggested for longer than 2-weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request is medically necessary.