

Case Number:	CM15-0079553		
Date Assigned:	04/30/2015	Date of Injury:	06/19/2013
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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 53 year old male, who sustained an industrial injury on 06/19/2013. He has reported injury to the low back. The diagnoses have included lumbar spine sprain/strain with radiculitis, complicated by multilevel spondylosis; and left facet syndrome. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic care, and physical therapy. Medications have included Percocet and Zantac. A progress note from the treating physician, dated 03/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; pain in right groin, down the right leg; and had good relief with an injection, but pain returned to near baseline. Objective findings included lumbar range of motion decreased by 50%; lumbar spasm; and decreased sensation at right L4, L5. The treatment plan has included the request for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Functional restoration program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "these programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has low back pain; pain in right groin, down the right leg; and had good relief with an injection, but pain returned to near baseline. Objective findings included lumbar range of motion decreased by 50%; lumbar spasm; and decreased sensation at right L4, L5. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria. Satisfaction of these criteria is not currently documented, including non-operative candidacy, the presence of functional deficits despite multiple conservative and surgical treatment trials and the presence of psychological overlay. The criteria noted above not having been met, Functional restoration program is not medically necessary.