

Case Number:	CM15-0090379		
Date Assigned:	05/14/2015	Date of Injury:	12/01/2012
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida, 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 54 year old male with an industrial injury dated 12/01/2012. The injured worker's diagnoses include lumbar facet syndrome, spinal/lumbar degenerative disc disease, low back pain and lumbar region sprain/strain. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, epidural steroid injection (ESI), physical therapy, surgical consult and periodic follow up visits. In a progress note dated 3/23/2015, the injured worker reported low back pain radiating down his right leg. The injured worker rated average pain a 6/10, worst pain 9/10 and best pain 3/10. The treating physician reported that despite lower levels of treatment, the injured worker reports high levels of pain and very limiting functioning. The injured worker reported that his pain level increases with basic activities such as dressing, walking or doing dishes. The treating physician prescribed services for 10 sessions of a Functional Restoration Program now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of a Functional Restoration Program: Upheld

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 7 of 127.

Decision rationale: This claimant was injured three years ago, and has degenerative lumbar disease. There is ongoing low back pain. Pain increases with activities of daily living. The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, the motivation of the claimant is not addressed. Also, effectiveness of such programs drops beyond two years from injury, and this claimant is over that guideline. At this review, the clinical appropriateness of a functional restoration program is not medically necessary.