MAXIMUS Federal Services

Case Number:	CM13-0034245		
Date Assigned:	12/06/2013	Date of Injury:	06/23/2011
Decision Date:	02/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year-old female [redacted] sustained a low back injury on 6/23/11 while employed by the [redacted] Requests under consideration include 12 part-time days of functional restoration program and Transportation. There is a past medical history of Parkinson. Conservative care has included physical therapy, medications, injections, and surgery. Report dated 9/16/13 from [redacted] noted the patient to have diminished physical strength in her lower limbs, but demonstrated good effort and was willing to work. She exhibited evidence of chronic pain syndrome which has affected her work abilities, sleep, relationships, and activities of daily living. Her motivation seemed high and she was interested in living a greater functional life. There were no apparent secondary gains and she was receptive to the educational components of the program. [redacted] noted the patient is severely impacted by her low back pain and Parkinsonism, unable to live on her own, needing help to get dressed. She had conservative care without benefit and is willing to work and open for educational interventions to help her improve with her ability to work, sleep, do her ADLs. She would need transportation due to her Parkinsonism. Treatment recommendation was to Spine One functional restoration program. Orthopedic AME report dated 7/30/13 from [redacted] noted the patient to be MMI and has non-industrial Parkinsonism; due to the latter, she cannot walk very far, cannot stand very long, and cannot drive, limited to level surfaces. Future medical care would not include a Functional Restoration Program; it was noted "she cannot be rehabilitated and cannot return to work due to the Parkinson's tremors."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 part-time days of functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

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

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has significant worsening symptoms due to her non-industrial medical Parkison disorder without the ability to return to work from the Parkinsonian tremors as noted by the orthopedic AME. AME report from [redacted] specifically noted the future care would not include a FRP and [redacted] also has noted the patient without any benefit from previous conservative therapy received. Submitted reports have not demonstrated criterion to support the request for FRP. Since the FRP is not supported, any associated treatment request such as transportation for her Parkinsonism will also not be supported. The 12 part-time days of functional restoration program and Transportation are not medically necessary and appropriate.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has significant worsening symptoms due to her non-industrial medical Parkinson disorder without the ability to return to work from the Parkinsonian tremors as noted by the orthopedic AME. AME report from [redacted] specifically noted the future care would not include a FRP and [redacted] also has noted the patient without any benefit from previous conservative therapy received. Submitted reports have not demonstrated criterion to support the request for FRP. Since the FRP is not supported, any associated treatment request such as transportation for her Parkinsonism will also not be supported. The 12 part-time

days of functional restoration program and Transportation are not medically necessary and appropriate.