

<b>Case Number:</b>	CM13-0046248		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Pain Management 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a female patient with a date of injury of March 21, 2011. A utilization review determination dated October 31, 2013 recommends noncertification for 160 hours of [REDACTED]. A progress report dated October 17, 2013 indicates that this patient has had chronic low back pain since the 1990s as well as weakness in both lower extremities related to post polio syndrome. The patient continues to complain of neck pain which radiated the upper back and shoulders, as well as pain in the joints of the shoulders, elbows, and wrist. The patient also has ongoing lower back pain which radiates into the posterior aspect of the thighs with associated numbness. The patient has weakness in her left leg is unable to ambulate without a cane, and has left foot drop. Physical examination identifies tenderness to palpation over the cervical paraspinal muscles, tenderness to palpation in the lower lumbar paraspinal muscles, limitation in flexion in the cervical and lumbar spine, and significant atrophy in the left lower extremity involving the thigh and calf in comparison to the right lower extremity. Weight-bearing favors the right leg with ambulation. The note contains a psychological evaluation which indicates that the patient would like to improve her functional ability, and lacks knowledge of self care modalities for pain management, body mechanics, ergonomics, and physical conditioning. The treatment plan includes improving the patient's function and range of motion, allowing her to improve the ability to perform activities of daily living. The note goes on to indicate the previous methods of treating her pain have been unsuccessful, the patient has significant loss in her ability to function independently, she is not a surgical candidate, and she exhibits motivation to change. An initial medical evaluation dated October 17, 2013 states that some of the physical therapy conditioning aspects of the program will be modified to accommodate her pre-existing postpolio syndrome and left lower extremity weakness. A progress report dated October 3, 2013 states that a QME supplemental report dated July 23, 2013 states a functional restoration program is unlikely to be

feasible or beneficial for this patient as she will not perform the physical therapy elements which are essential to the comprehensive functional restoration program. The note goes on to state that they will await the October 17, 2013 evaluation to see if the patient is a good candidate for the full program despite her medical history of polio syndrome which makes it nearly impossible for the patient to perform the physical therapy component of the functional restoration program. A supplemental report dated August 3, 2013 states, "I discussed this with her today essentially the patient has tried physical therapy in the past which because of her postpolio syndrome is intolerable. The patient reports that she can participate with maybe one day of physical therapy resulting fatigue lasts for several days and is far more limiting than the benefit she received from physical therapy." The note goes on to state that the physician discussed that physical therapy is an essential part of the functional restoration program and that the patient, "expressed concern that this part at least would not be possible." The note goes on to indicate that the patient does not want to pursue any physical therapy modalities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Decision for 160 hours of [REDACTED]: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 , 49.

**Decision rationale:** Regarding the request for an FRP consultation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the notes indicate that the patient is unable to participate in a physical therapy program. Therefore, it is unclear how the patient would participate in the currently requested functional restoration program. The patient may benefit from the psychological component of the functional restoration program, but there is no statement indicating why this would be unable to be done by itself outside the context of the functional restoration program. Additionally, the guidelines do not recommend continuing a functional restoration program beyond 2 weeks unless there is documentation of objective functional improvement and subjective gains. The currently requested 160 hours extends beyond the guidelines recommendation for a 2 week trial. In the absence of clarity regarding the above issues, the currently requested 160 hours of [REDACTED] is not medically necessary.