

Case Number:	CM13-0052918		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2009
Decision Date:	03/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 male patient with a date of injury of August 31, 2009. A utilization review determination dated November 6, 2013 recommends noncertification of a functional restoration program. A progress report dated August 5, 2013 includes subjective complaints indicating that the patient failed a spinal cord stimulator trial. He continues to have chronic pain in the right leg and rates his pain as 7 on a scale of 0 to 10. Current medications include Lyrica, nortriptyline, and Tylenol #3. The note indicates that the patient will be participating in a multidisciplinary pain treatment program. An authorization request dated November 5, 2013 describes the multidisciplinary treatment program. The note indicates that the patient has quote met all of the recommendations put forth by ACOEM and the requirements published by ODG and MTUS. A progress report dated May 9, 2013 includes subjective complaints of pain in the right leg and foot. The note indicates that medication has been somewhat helpful, physical therapy was not helpful, and a tens unit was not helpful. The pain is rated as 4/10 at times and as bad as 9/10 at times. Physical examination identify reduced lumbar range of motion, sensory and motor functions are intact, deep tendon reflexes are intact, and there is swelling of the right foot with very weak dorsiflexion of the right foot. Additionally, the skin in the right lower extremity is shiny, then, and red. Diagnoses include reflex sympathetic dystrophy, and injury of the knee leg or foot, and postlaminectomy syndrome. A multidisciplinary conference report dated October 25, 2013 indicates that the patient is motivated to get better and resume a productive life. Goals include gaining functionality and independence with activities of daily living. No known psychological factors that would bode poorly have been identified upon review of the patient's records. The note goes on to identify how the patient meets the MTUS criteria for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours (20 full day sessions) of a Functional Restoration Program for right leg pain:
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 Page(s): 30-34 and 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. Additionally, guidelines recommend limiting initial treatment to a 2 week trial. Treatment beyond the initial 2 week trial is not recommended unless there is documentation of objective functional improvement from the initial 2 weeks. Within the documentation available for review, it appears the patient has met most of the criteria for a functional restoration program. Unfortunately, the currently requested 20 full day sessions exceeds the initial 2 week trial recommended by guidelines. There is no provision to modify the current request. As such, the currently requested 160 hours of a functional restoration program is not medically necessary.