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| Case Number: | CM13-0056508 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/31/2010 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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. The expert 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 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/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:

The patient is a 35 year old male/female who was injured on 07/31/2010. The mechanism of injury is unknown. Prior treatment history has included psychology classes, theracane, medication, and breathing and relaxation techniques. FRP Weekly Integrative Summary Report dated 12/16/2013 to 12/20/2013 documented the patient reporting subjective gains during this week of treatment. Patient demonstrated fair motivation this week. The patient demonstrated an unlimited ability to participate in an individualized treatment plan including daily exercises and functional activities. Patient received additional instruction on use of active modalities for flare-up management including diaphragmatic breathing exercise, stretching and medication. Pre-program cumulative activity tolerance was 3 hours per day. In 1 week patient is participating in six hours of activity daily demonstrating an improvement in activity tolerance. Patient requires minimal verbal cueing to pace daily activities. Subjective measures of functional progress, pain and psychological distress shows the following: a. Activities of Daily Living week 1 at a loss showing moderate level of disability. b. Brief Pain Inventory-Pain Intensity week 1 showing severe pain strength. c. Brief Pain Inventory-Pain Interference week 1 at a loss showing severe pain interference. d. Generalized Anxiety Disorder week 1 at a loss showing mild anxiety. Total Contact Time was 30 hours for the week of 12/16/2011 to 12/20/2013. Problems: 1) Lumbar post-laminectomy syndrome 2) Psychalgia

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program FRP/IPRP for 8 weeks, 5 days a week for 6 hours daily:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Functional restoration programs (FRPs), Chronic pain programs Page(s): 31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs)

Decision rationale: According to the Official Disability Guidelines, Functional Restoration Programs may be recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The medical records demonstrate that the patient had completed one week in a functional restoration program. The guidelines suggest treatment in such a program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. According to ODG, the total treatment duration should generally not exceed 20 full-day (160 hours) sessions. Requested additional eight weeks participation in the program is not recommended or supported by the guidelines. The medical records do not demonstrate the patient has obtained clinically significant improvement in function, pain and psychological symptoms, from participation in the PRP, as to warrant consideration for additional weeks within this program. In addition, it is not established that there is an absence of other options likely to result in significant clinical improvement. The medical necessity of this request is not established.