

Case Number:	CM14-0000376		
Date Assigned:	01/10/2014	Date of Injury:	03/12/2012
Decision Date:	08/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 54-year-old female who has submitted a claim for Lumbar Disc Disease, L2-3, L4-5, L5-S1; Lumbar Facet Arthropathy, Multilevel; Lumbar Radiculopathy; Cervical Disc Protrusion, Multilevel; Cervical Radiculopathy; Bilateral Shoulder Sprain/Strain; Bilateral Knee Sprain/Strain; Chronic Pain Syndrome; and Chronic Reactive Clinical Depression, associated with an industrial injury date of March 12, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic pain involving the neck, low back, shoulders, hands, and knees, rated 6-7/10. On physical examination, there was tenderness over C5-6, C6-7, L4-5, and L5-S1 areas. Range of motion of the cervical spine was 50-70% of the normal range while that of the lumbar spine was at 50%. There was diminished muscle strength of all extremities. Her gait was guarded. Straight leg raising test was positive bilaterally. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, and TENS unit. The patient did not wish to undergo any invasive treatments. Utilization review from December 16, 2013 did not grant the request for outpatient chronic functional rehab program because no sufficient documentation or rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHRONIC FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 31-32.

Decision rationale: According to pages 31-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, a request for a chronic functional rehabilitation program was made for a more comprehensive approach in the management of the patient's chronic pain and depression. However, the medical records failed to provide a thorough evaluation or baseline functional testing, especially with regard to the patient's psychiatric condition. The latest progress note also revealed that the patient was undergoing a course of therapy, which has helped her with her overall function, and that medications were able to help her with pain and kept her functional. There was also no evidence of significant loss of ability to function independently. Moreover, negative predictors of success were not addressed. The criteria have not been met, therefore, the request for outpatient chronic functional restoration program (FRP) is not medically necessary.