

Case Number:	CM14-0008799		
Date Assigned:	02/12/2014	Date of Injury:	08/25/2009
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 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:

This patient is a 58-year-old female with date of injury of August 25, 2009. According to the treater's report, December 19, 2013, which is request for aftercare Functional Restoration Program, the treater states that the patient has experienced functional improvement during the 6 weeks participation in [REDACTED] Functional Restoration Program. The patient has been utilizing less medications and has expressed desire to finish the Functional Restoration Program (FRP). The recommendation was to have the patient proceed with aftercare program at [REDACTED] as the patient has continued to show steady improvement from both therapy and psychological view point. A November 26, 2013 report is request for final 4 weeks of the Functional Restoration Program and this report also indicates the patient is utilizing less medication and wants to finish the program. A December 17, 2013 report states the patient is enjoying the program very much and finishing six weeks of FRP program, "her use of pain medicine is completely off," using Tylenol 4 tablets a day to control her pain, off of Tylenol with Codeine. The patient is practicing exercise, Tai Chi, yoga, meditation mindfulness which has been of great help. The patient has learned how to pace herself practicing meditation mindfulness. Overall, FRP has been of great help which the patient has been appreciative to allow her to have participated in such program, although she is still having pain and discomfort, especially colder weather and the pain will be worsened. The December 3, 2013 listed diagnoses of lumbosacral disk injury, lumbosacral stenosis, history of lumbosacral disectomy level at T12-L1. The patient was to cut down opioid and narcotic pain medications from Tylenol No. 3 from 2 tablets a day down to 0 tablets a day. The patient states that FRP has been of great help teaching her various techniques to better cope and manage her chronic pain condition. An November 5, 2013, states the patient has completed the comprehensive FRP and was able to cut down Tylenol No. 4 from 4 tablets a day to being

completely off of it and no longer using it. The patient was to continue FRP. The request was denied by Utilization Review letter dated January 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION AFTERCARE 1X6 LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 49

Decision rationale: This patient presents with chronic low back pain, lower extremity pain with stenosis, and history of lumbosacral discectomy at T12-L1. The request is for additional aftercare 1 time a week for 6 weeks of Functional Restoration Program. It would appear based on review of the reports that the patient has completed 6 weeks of Functional Restoration Program and has been able to make significant gains in terms of function and reduction of medications. In fact, it appears that the patient has been able to completely stop the use of medications. The treating physician has asked for additional Functional Restoration Program "aftercare" since the patient has made such as a great gain. Rationale was "as the patient has continued to show steady improvement from both physical therapy and psychological view point, recommendation was for aftercare once a week for 6 weeks. The Chronic Pain Medical Treatment Guidelines allow for Functional Restoration Program stating "total treatment duration should generally not exceed 20 full days sessions "or the equivalent in part day sessions." It further states "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Longer durations require individualized care plan and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the patient has completed six weeks of Functional Restoration Program which has already exceeded what is allowed by the Chronic Pain Medical Treatment Guidelines. The treating physician has asked for additional sessions, one time per week for six weeks, but does not provide what more is to be accomplished other than stating the patient is doing great, and therefore, it should be continued. There is no individualized care plan provided, or a clear rationale and reasonable additional goals to be achieved. Complete eradication or continued incremental improvement of pain through continued treatment programs are not reasonable goals to achieve. The request for functional restoration aftercare for the lumbar spine, once weekly for six weeks, is not medically necessary or appropriate.