

Case Number:	CM14-0105704		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2008
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker is a 54-year-old male who reported being knocked down by a heavy object on 07/07/2008. On 06/04/2014, his diagnoses included psychogenic pain, other pain disorder related to psychological factors, sprains and strains of the neck, chronic pain syndrome, sciatica, and lumbosacral neuritis or radiculitis. The note stated that he had an unknown number of physical therapy sessions and medication, which did not help his pain. He underwent an unknown surgery on his back on 02/24/2011. On an unknown date prior to the 06/04/2014 visit, he had an epidural injection to his back, which he stated made his pain worse. As of 06/04/2014, he had completed 12 of the recommended sessions in a functional restoration program. The goals for him in the program were increasing his cognitive restructuring to 50% and he had achieved 45%. Another goal was to increase his psychological insight to emotional patterns to 50% and he had achieved 40%. A third goal was to increase his sleep hygiene to 50% and he had achieved 35%. A fourth goal was to decrease his opioid dependency by 35% and he had achieved 25%. The last goal was to increase his functional endurance for daily activities to 50% and he had achieved 35% to 40%. There was no Request for Authorization included with the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The California MTUS Guidelines do recommend functional restoration programs specifically for patients with chronic disabling occupational musculoskeletal disorders. The programs emphasize the importance of function over the elimination of pain. Long term evidence suggests that the benefit of these programs diminishes over time. There is strong evidence that intensive multidisciplinary rehabilitation programs with functional restoration reduce pain and improve function in patients with low back pain; the evidence is contradictory when evaluating the programs in terms of vocational outcomes. Participation is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker had already completed 12 sessions over a 7-week period. The progress that was documented in the program was not for functional abilities or reduction of pain. Additionally, he did not reach the goal of decreasing his opioid dependency. The documentation submitted failed to meet the evidence-based Guidelines for continuation of 10 more sessions of functional restoration program. Therefore, the request for 10 Sessions of Functional Restoration Program is not medically necessary.