

Case Number:	CM14-0109423		
Date Assigned:	09/19/2014	Date of Injury:	10/07/2013
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported a date of injury of 10/07/2013. The mechanism of injury was indicated as a lifting and twisting injury. The injured worker had diagnoses of right lumbar facet arthropathy L2-3 and L3-4, lumbar degenerative disc disease, and bilateral thumb arthritis. Prior treatments included physical therapy and facet blocks. The injured worker had an MRI of the lumbar spine on 12/30/2013 with an unofficial report indicating grade I degenerative L3-4 and L4-5 anterolisthesis; right L2-3 facet capsulitis with a 2mm facet gap and no definite neural impingement in the lumbar spine. Surgeries included an L2-3 and right L3-4 facet rhizotomy on 06/15/2014. The injured worker had complaints of chronic right sided lower back pain and bilateral thumb pain. The clinical note dated 08/14/2014 noted the injured worker had tenderness to palpation of the lower lumbar paraspinal muscles, tenderness to palpation over the lower lumbar facet joints from the approximate levels of L2 and L3, with mild muscle spasms and guarding and, lateral tilt to the left reproduced painful symptoms. The injured worker had a positive straight leg raise and her range of motion of the lumbar spine was 40 degrees of flexion, 15 degrees of extension. The injured worker had an antalgic gait with bearing weight favoring the right leg. Tenderness to palpation of the left knee medial joint line and a negative McMurray's and Lachman test. Medications included naproxen, Ultracet, Tylenol, and Estropipate. The treatment plan included the physician's recommendation for a Functional Restoration Program for 6 weeks, and for the injured worker to follow-up with her primary care physician for her knee complaints. The rationale was indicated as the injured worker reported difficulties coping with chronic pain and indicated she had mild benefits with the current usage of an antidepressant, but had functional limitations that limited her ability to

return back to work. The Request for Authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 week Functional Restoration Program at [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs: (functional restoration programs). Decision based on Non-MTUS Citation 9792.20.Medical Treatment Utilization Schedule-Definitions "(e)"Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule(OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."

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

Decision rationale: The injured worker had complaints of chronic right sided lower back pain and bilateral thumb pain. The California MTUS Guidelines indicate Functional Restoration Programs are included in the category of interdisciplinary pain programs. Functional Restoration Programs are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional Restoration Programs incorporate components of exercise progression with disability management and psychosocial intervention. There is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Criteria must be met, to include, an adequate and thorough evaluation has been made, including baseline functional testing so follow up with the same test can note functional improvement; 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; and negative predictors of success above have been addressed. There is a lack of documentation that prior conservative treatments were unsuccessful in reducing the injured worker's chronic pain. The 08/14/2014 examination, noted despite her improvement in lower back pain, the injured worker continued to have some right sided lower back pain as well as left sided lower back pain. Furthermore, there is a lack of

documentation indicating the injured worker needed adjustments with her medication due to increased exercises. There is a lack of documentation the injured worker has a significant loss of ability to function independently resulting from the pain. The guidelines indicate treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. However, the request is for 6 weeks of a Functional Restoration Program. Additionally, there is a lack of documentation negative predictors of success have been addressed indicating the injured worker's acknowledgement. As such, the request is not medically necessary.