

Case Number:	CM14-0011988		
Date Assigned:	02/21/2014	Date of Injury:	08/10/2012
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 43-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of September 10, 2012. The patient complains of low back pain radiating to the leg with numbness. He was unable to perform home exercises due to the pain. Symptoms of depression, anxiety and sleep disturbances secondary to pain disorder were also reported. Physical examination showed an uncomfortable patient; limitation of motion of the lumbar spine; and decreased sensation at the anterior aspect of the left leg. The diagnosis was annular tear at L3-4 and L4-5 with discogenic pain. A functional restoration program initial evaluation was done on December 3, 2013. The patient currently meets the criteria for depressive disorder, NOS; anxiety disorder, NOS; and pain disorder associated. He has undergone a total of 14 sessions of physical therapy with no significant improvement. It was also noted that the patient is not an ideal surgical candidate. The treatment to date has included oral analgesics, home exercises, physical therapy, spine injections, and spine surgery. A utilization review from January 7, 2014 denied the request for functional restoration program 160 hours because the patient has multiple negative predictors for FRP efficacy. These include a high level of psychosocial distress (depression, anxiety, insomnia and isolation), smoking, opioid use, and significant pain level precluding exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 160 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 31-32.

Decision rationale: According to page 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Also, FRP participation is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, a functional restoration program was requested. The patient has had at least 14 physical therapy sessions without significant improvement, and was unable to perform home exercise program due to the pain. He is not a surgical candidate. Negative predictors of success such as psychosocial distress were identified. However, a progress report dated December 3, 2013 also stated that oral pain medications help relieve the symptoms, and that the patient only takes it minimally for pain relief. Failure and exhaustion of conservative treatment was not established. Moreover, there was no objective evidence of significant loss of the patient's ability to function independently. The guideline states that all criteria must be met in order to consider functional restoration program participation as medically necessary. Furthermore, an initial treatment trial for 2 weeks with evidence of functional gains is recommended prior to continuation of the program. The guideline criteria were not met. Therefore, the request for Functional Restoration Program, 160 hours is not medically necessary.