

Case Number:	CM14-0014897		
Date Assigned:	02/28/2014	Date of Injury:	11/15/2012
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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 Interventional Spine 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 43-year-old male with date of injury 11/15/2012. Per initial evaluation by multidisciplinary conference of [REDACTED] Functional Restoration Program, patient presents with bilateral lower back pain, worse on the right side, with radiation down to both lower extremities. Patient utilizes tramadol only, and the patient has returned back to part-time work, rinsing dishes, 5 hours per day in the evening. Patient emphasizes the motivation to be able to return to full-level work and has had difficulty with sleep and mood disturbance. Treatment plans were outlined for strength and conditioning as well as functional improvement; and formal request was for 160 hours of functional restoration program for 20 full days. The report states that the patient lacks knowledge and self-care modalities for pain management regarding body mechanics, ergonomics, physical conditioning that can improve his functional abilities in the lower back and both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM FOR A DURATION OF 160 HOURS:

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, FUNCTIONAL RESTORATION PROGRAMS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Recommended, although research is still ongoing as to.

Decision rationale: This patient presents with chronic low back, bilateral lower extremity pains, having failed conservative care. Patient is apparently working part time and is only taking tramadol $\frac{1}{2}$ tablet at a time. Patient has been evaluated by functional restoration program and the request for 160 hours of program. Review of the report does appear to show that the patient is a candidate for functional restoration program. In terms of adequate evaluation, he failed with conservative care, thus far, significant loss of function independently resulting from chronic pain, although this is questionable given the patient's return to work part time, 5 hours a day. Patient also does not appear to be a candidate for surgery and the patient seems to exhibit motivation to change. However, the negative predictors of success have not been addressed in the initial evaluation. Negative predictors of success and failure documentation are required by MTUS Guidelines. These include negative relationship with employer, poor work adjustment, satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain. Furthermore, the treating physician requests 160 hours, but MTUS Guidelines allow 2 weeks and for more treatments, demonstration of functional gains must be documented. Although total treatment duration should not exceed 20-full-day sessions, MTUS recommends trying 2 weeks, and then continuing the treatments if the patient shows improvement. Given that the request is for 20-full-day sessions or 160 hours to start and given the lack of documentation regarding negative predictors of success and failure, the request is not medically necessary.