

Case Number:	CM14-0021891		
Date Assigned:	05/16/2014	Date of Injury:	12/19/2012
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 50-year-old female with date of injury 12/19/2012. Per treating physician's report, 01/28/2014, the patient presents with low back pain, with the interim history indicating Ambien has been helpful for sleep. The patient feels weakness in the leg. He takes two (2) Norco every eight (8) hours, no Motrin, and the low back pain for the last few days has been 8/10 to 9/10. The listed medications are hydrocodone/acetaminophen 10/325, Ambien, estradiol, folic acid, gabapentin, leucovorin, methotrexate, prednisone, and Remicade. An examination showed palpatory tenderness over the paravertebral muscles, tenderness and trigger point noted on both sides, and spinous process tenderness was noted. The listed diagnoses are tenosynovitis of foot and ankle, prepatellar bursitis, rheumatoid arthritis, lumbar facet syndrome, knee pain, lumbar radiculopathy, and chronic pain syndrome. Recommendation was for the patient to continue the Ambien and discussed being on antidepressant, toxicology screen was done. Under clinical rationale, it states, "Request made was for the evaluation of Functional Restoration Program." The treater indicates that the patient has had other treatments such as physical therapy (PT), chiropractic, acupuncture, or medications, and has had active treatment under rheumatologist for rheumatoid arthritis. In his opinion, "FRP is the only remaining treatment that can address all the components required for functional restoration with the goal to return her to work". A detailed plan of care will be submitted after the initial evaluation. The next report is from 10/02/2013, which states that the patient has not received a response to request for aquatic therapy, the patient presenting with weakness and pain in low back and continued pain in both ankles. Trigger point injections were provided, has the same list of diagnosis and "may need to consider pain management and/or FRP program given clear development of chronic pain syndrome". A report on 08/27/2013 by the treater, is a progress report containing request for

aquatic therapy. The request under "functional restoration program 2 times a week for 4 weeks" was denied by utilization review letter on 02/06/2014. This letter indicates that the date of request is from 01/29/2014. It is unfortunate, but the 01/29/2014 report or any reports from December 2013 and January 2014 are missing in this file containing 80 pages. The utilization review letter lists progress reports from [REDACTED] from 11/14/2013, 11/22/2013, 01/28/2014, which are missing in this file. The rationale for denial was that, "There is no preprogram functional capacity evaluation/PPE or mental health evaluation submitted for review as required by current evidence-based guidelines".

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TWICE A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain and bilateral ankle pain. The patient has a rather high level of pain and a long list of medication. She has a concurrent diagnosis of rheumatoid arthritis, which is treated by a rheumatologist. There is a request for "functional restoration program 2 times a week for 4 weeks". Unfortunately, the progress reports containing the request are missing. The progress report containing appeal is from 01/28/2014, but this report discusses Functional Restoration Program evaluation and not the actual program for two (2) times a week for four (4) weeks. The Chronic Pain Guidelines support a Functional Restoration Program, but the criteria indicates that the patient must have a clear diagnosis, have failed conservative care, must be motivated for change and also must have negative predictors addressed. In this request which is for "functional restoration program 2 times a week for 4 weeks", there is no initial evaluation by a psychologist or Functional Restoration Program director. There are no comprehensive psychological or physical evaluations to determine whether or not the patient is a good candidate. There are no discussions regarding the patient's motivation to change, no negative predictors discussed as required by the guidelines. A comprehensive initial evaluation for such program may be appropriate, but this request is for two (2) times a week for four (4) weeks program itself. Without a specific evaluation regarding this patient's current condition and the potential candidacy for improvement and without description what the program is going to entail, the request cannot be recommended for authorization. The request is not medically necessary.