

Case Number:	CM14-0023689		
Date Assigned:	06/16/2014	Date of Injury:	12/20/2012
Decision Date:	08/04/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 38-year-old male who reported an injury on 12/20/2012, due to unknown mechanisms. The injured worker complained of lower back pain to the limbs and tight muscles. The injured worker rates pain 5/10 with the worst being 8/10. On physical examination dated 05/14/2014, the injured worker had some minimal L5-S1 hypertrophy with motion loss, but normal neurological exam. The injured worker's diagnosis was lumbar region sprain with regional myofascial pain of the lower back and hip girdles. The injured worker's medication was Ultram 50 mg twice daily and Flexeril 10 mg at bedtime. The injured worker's past treatment and diagnostics were TENS unit and physical therapy. Treatment plan was for functional restoration program, 20 partial day session trial; plus 80 hours of functional restoration track 112 program for 4 hours a day, 5 sessions a week for 6 to 8 weeks. The Request for Authorization form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP (FUNCTIONAL RESTORATION PROGRAM), 20 PART DAY SESSIONS TRIAL +80 HOURS FUNCTIONAL RESTORATION TRACK 112 PROGRAM. IT'S FOUR HOURS PER PART-DAY SESSION, FIVE SESSIONS A WEEK FOR SIX TO EIGHT WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (Functional Restoration, Program Page(s): 30-31.

Decision rationale: The request for functional restoration program 20 partial day session trial, plus 80 hours of functional restoration track 112 program is not medically necessary. According to the California Medical Treatment Utilization Schedule, chronic pain program guidelines indicates, functional restoration programs, are recommended where there is access to the program with proven successful outcome for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work and meet the patient selection criteria outlined below. Also, multidisciplinary pain program or interdisciplinary rehabilitation program, these pain rehabilitation programs combine multiple treatments, and at the least, includes psychological care along with physical therapy and occupational therapy, including an active exercise component, as opposed to passive modalities. While recommended, the research remains ongoing as to what is considered the gold standard content for treatment, the group of patients that benefit most from this treatment, and ideal time and when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. The injured worker's clinical notes that were submitted for review are dated 05/27/2014, 05/14/2014, 05/07/2014, and 02/06/2014, and reviewing these above clinical documentation, there was no mention of an evaluation made for physical therapy or a baseline for functional testing or follow-ups for notes of functional improvement. Criteria for the general use of multidisciplinary pain management program, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation had been made, including baseline functional testing, follow-ups with the same test that can note functional improvement; previous methods of treatment for chronic pain, if they have been successful or not; and if there is absence of other options likely to result in significant clinical improvement. The injured worker has a significant loss of ability to function independently resulting from the chronic pain. The injured worker is not a candidate where surgery or other treatments would clearly be warranted. If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be provided. The injured worker exhibits motivation to change and is willing to forego secondary gains, including disability payments, to affect this change; and negative predictors of success above have been addressed. Guidelines also state that integrative summary reports that include treatment goals, progress assessment, and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation does not establish the medical need for the proposed request. In addition, there was no objective evaluation to include the functional baseline or any kind of follow-ups from the physical therapy progress notes. As such, the request for functional restoration program, 20 partial day session trials plus 80 hours of functional restoration track 112 program, 4 hours per day 5 days a week for 6 to 8 weeks is not medically necessary.