

Case Number:	CM14-0031091		
Date Assigned:	06/20/2014	Date of Injury:	11/09/2012
Decision Date:	08/04/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker is a 43-year-old male who reported an injury after a pallet load of merchandise fell on him on 11/09/2012. The clinical note dated 03/04/2014 indicated diagnoses of lumbar radiculopathy, spinal/lumbar degenerative disc disease, lateral epicondylitis, chronic pain syndrome, and spinal stenosis of lumbar region with neurogenic claudication. The injured worker reported pain in his back that was daily. The injured worker reported he continued to do exercises to help relieve his pain. He reported his pain increased in cold weather. The injured worker reported he completed 30 days of a functional restoration program. He reported he was able to walk for 20 minutes with small breaks in between. On physical examination of the lumbar spine, there was tenderness to palpation of the paravertebral muscles, tight muscle band and trigger point. A twitch response was obtained along with radiating pain on palpation bilaterally. The injured worker had normal muscle tone. The injured worker had dyesthesias present over posterior thigh and lateral thigh bilaterally, and the injured worker's reflexes were normal. The injured worker's prior treatments included diagnostic imaging, a functional restoration program and medication management. The injured worker's medication regimen included Hydrocodone-Acetaminophen, Omeprazole, Lidoderm Patch, and Soma. The provider submitted a request for 10 additional part-day sessions of a functional restoration program. A request for authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) additional part-day sessions of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The CA MTUS guidelines recommend functional restoration program where there is access to programs with proven successful outcomes, 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 called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). 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 (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 avoided); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. The injured worker is taking Hydrocodone-Acetaminophen 10/325 one tablet twice a day, the Lidoderm Patch every 12 hours, and is now taking Soma 1 tablet twice a day. There was a lack of documented efficacy and significant functional improvement in the documentation submitted. In addition, the documentation submitted did not indicate a clear plan indicating why the injured worker's progression could not be accomplished without additional sessions. Moreover, there is lack of a significant clinical improvement with the use of the functional restoration program. There was a lack of quantified pain relief and functional improvement with an associated reduction in medication use in the documentation submitted. Therefore, the request for 10 additional part-day sessions of a functional restoration program is not medically necessary and appropriate.