

Case Number:	CM14-0031673		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2013
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
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 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 42-year-old female with a date of injury 05/16/2013. [REDACTED] report titled Initial Evaluation and Multidisciplinary Conference, [REDACTED] Functional Restoration Program dated 01/29/2014, states that the patient presents with severe low back pain with leg numbness, receiving treatments at [REDACTED]. An MRI which was obtained on 10/02/2013, revealed bulging disks at L4-L5 and L3-L4, central stenosis and foraminal stenosis at these levels most pronounced on the right side at L4-L5. The patient had additional physical therapy and EMG on 11/15/2013 by [REDACTED]. The patient's current medications include Salopas, Tylenol No. 3, sertraline, docusate, and Protonix. Examination showed diminished range of motion, guarding at the lumbar spine but normal strength in the legs and neurologic findings. The patient also reports symptoms of depression secondary to pain as well as anxiety. DSM diagnoses were pain disorder associated with both general and medical condition and psychological factors, depressive disorder, and anxiety disorder. Under discussion, patient very much would like to improve her functional abilities and pain management skills, so she can return to gainful employment, and the patient lacks effective knowledge and self-care modalities for pain management. A list of treatment plan is provided including improvement to physical functioning, range of motion of the lumbar spine, instruct, motivate and train the patient in a physical therapy training program, provide ergonomic training, understanding Workers' Compensation system, improve knowledge of her injury and prognosis, reduce patient's reliance of medical provider services and medications, provide better coping and help the patient achieve healthy sleep patterns through training and cognitive behavioral strategies and help the patient develop her future plans and emphasized successful return to gainful employment. Authorization for request was for 160 hours stating that the Northern California Function restoration program is

a continuous course interdisciplinary treatment designed to be consistent with the MTUS and the Official Disability Guideline recommendations of sessions demonstrated to be highly effective as a continuous course program administered over the duration of 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding functional restoration program Page(s): 49, 30-33.

Decision rationale: TThis patient presents with chronic low back pain, and the request was for Functional Restoration Program 160 hours. The MTUS Guidelines support Functional Restoration Program but states, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. If there are preliminary indications that these gains are being made in a concurrent basis, total treatment duration should generally no exceed 20 full day sessions. To qualify for Functional Restoration Program, predictors of success and failure must be documented including negative relationship with the employer or supervisor; poor work adjustment and satisfaction; negative outlook about future employment; high levels of psychological distress; involvement in financial disability disputes; greater rates of smoking; duration of referral disability time; prevalence of opioid use; and pretreatment levels of pain. In this case, the request is for 160 hours which is not supported by MTUS Guidelines unless the initial 2 weeks for functional and restoration program proves to be beneficial demonstrating pain reduction and functional improvement. Furthermore, the initial evaluation by the treating physician does not provide discussion regarding predictors of success and failure as listed above per the MTUS Guidelines. Therefore, the request is not medically necessary.