

Case Number:	CM14-0051966		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2012
Decision Date:	08/06/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management 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 is a male patient with the date of injury of April 27, 2012. A utilization review determination dated April 18, 2014 recommends non-certification of a four-week functional restoration program. A progress note dated February 5, 2014 does not contain subjective complaints or a physical examination. The diagnoses include S1 radiculopathy, LSDI (two levels), status post left L5 - S1 microdiscectomy, and failed back pain syndrome. The treatment plan recommends 10 days of a functional restoration program at oasis pain and wellness center. A first week functional restoration program physical therapy assessment identifies that the patient has demonstrated improved posture awareness, body mechanics awareness, strength, and relaxation strategy awareness. The patient continues to present with decreased range of motion, decreased strength, decrease flexibility, decreased endurance, and a decreased functional capacity. The recommendation is that the patient continue with the functional restoration program, the patient appears energetic, eager, and committed to regaining function, the patient will benefit from education, instruction in pain management, home exercise program, and posture and body lifting mechanics. The first week psychotherapy documentation does not provide an assessment but recommends that the patient continued to attend group psychology sessions and practice relaxation techniques to manage his chronic pain, the patient continues to need group support and cognitive behavioral therapy to reduce pain level and distress, and the patient will continue to incorporate skills learned in the program in his daily routine. A second week functional restoration program physical therapy assessment identifies an essentially identical assessment to week one. The second week psychotherapy documentation does not provide an assessment and the goal recommendations are unchanged from week one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program (weeks) QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,31,32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a 4 week functional restoration program (FRP), California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that the patient has lost the ability to function independently, and there is no discussion regarding negative predictors of success. Furthermore, the patient has completed a 10 day FRP treatment trial without clear and specific subjective and objective improvements. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In the absence of clarity regarding the above issues, the currently requested four-week functional restoration program is not medically necessary.