

Case Number:	CM14-0054493		
Date Assigned:	07/07/2014	Date of Injury:	09/14/2011
Decision Date:	09/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 an 84 year old male with a date of injury of 09/14/2011. The listed diagnoses per [REDACTED] are: 1) Lumbago/low back pain. 2) Thoracic or Lumbosacral neuritis or radiculitis. According to Functional Program Assessment report 02/11/2014, the patient presents with lower left back and left buttock pain with leg weakness that "gives out." The patient was recommended a functional restoration program by [REDACTED] to try and avoid surgery. The patient treatment history includes therapy, epidural steroid injection, facet blocks, TENS unit, medication, acupuncture, ice/heat application and message therapy. Comprehensive treatment plan was discussed and developed by the interdisciplinary team. Psychological assessment per [REDACTED] from 03/04/2014 states there are no known serious psychological factors that would "bode poorly for her participation in a functional restoration treatment program." Report further states the patient has an "average" likelihood of responding favorably to the treatment and the patient is currently not exhibiting a major depressive disorder. The request is for participation in a functional restoration program for 160 hours. Utilization review denied the request on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

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

Decision rationale: This patient presents with lower left back and left buttock pain with leg weakness that "gives out." A functional program assessment took place on 02/11/2014. The treater states the functional restoration program is recommended to avoid surgery. Psychological assessment concurs that patient would be a good candidate for the program. The treater is requesting 160 hours in a functional restoration program. The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Utilization review denied the request stating "current evidence based guidelines state at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program is medically warranted." The medical file which includes reports from 10/22/2013 through 02/11/2014 does not discuss prior rehabilitation programs. Utilization review states the patient has already participated in an outpatient rehabilitation program and individual cognitive therapy through the requesting clinic. It is unclear when the patient participated in the program and how many hours were spent. MTUS states there needs to be a clear rationale for extension of program. Due to the fact that the patient has already participated in the program with no documentation of success or clear reasoning for additional treatment, the request is considered not medically necessary.