

Case Number:	CM14-0072768		
Date Assigned:	07/16/2014	Date of Injury:	04/12/2011
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 and Pain Management, 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:

The patient is a 48-year-old female with date of injury of 04/12/2011. The listed diagnoses per [REDACTED] dated 04/20/2014 are: 1. Status post lumbar sprain injury. 2. History of symptomatic lumbar disk disease with right lower extremity radiculopathy. 3. Chronic pain syndrome. 4. History of reactive depression. According to this report, the patient complains of low back pain. The patient has utilized physical therapy, chiropractic treatments, acupuncture, medications, and epidural steroid injections. Despite these appropriate interventions, she has remained symptomatic and disabled. The patient has significant loss of ability to function independently as a result of her chronic pain. She describes being active 50% of the day and needs to take rests between activities. The patient is currently not a surgical candidate and is eager to engage in an interdisciplinary functional restoration program. The treater further enumerates the negative predictors to success including the patient's ability to undergo a cognitive behavioral treatment to mitigate feelings towards employer/supervisor. She is also willing to undergo psychological treatment targeting maladaptive pain behaviors and coping strategies developed during prolonged disability. No physical exam was noted on this report. The utilization review denied the request on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 10 days/ 2 weeks/ 5 days a week/ 6 hours of day:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49, 30-33.

Decision rationale: This patient presents with low back pain. The treating physician is requesting functional restoration program for 10 days/2 weeks/5 days a week/6 hours a day. The MTUS Guidelines page 30 to 32 recommends functional restoration programs when all the criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function intermittently resulting from chronic pain. 4. Not a candidate for surgery or treatment would clearly be warranted. 5. The patient exhibits motivation to change. 6. Negative predictors of success have been addressed including evaluation of poor relationship with employer, work satisfaction, negative outlook in the future, et cetera. The progress report dated 04/28/2014 documents that the patient is currently not a surgical candidate. She has been unemployed for 13 months and does not have a job to return to. Baseline functional testing was also documented. The patient's activities of daily living scale score is 27 indicating a mild level of disability. The patient's previous treatments included physical therapy, chiropractic, acupuncture, medication, and epidural steroid injections. Despite conservative treatments, she has remained symptomatic and disabled. The patient states that she is eager to participate and engage in an interdisciplinary functional restoration program. The treater documents and addresses the negative predictors of success including: the patient's negative relationship with the employer/supervisor, duration of disability and pretreatment level of pain. The treater notes that the patient is willing to undergo psychological treatment targeting maladaptive pain behaviors and coping strategies developed during prolonged disability. Furthermore, the treater has documented a comprehensive evaluation including a psychological evaluation to address the patient's psychological issues. The utilization review denied the request on 05/09/2014 stating that significant loss of ability to function independently is not present. In this case, the treater has documented sufficient information to meet the required criteria by the MTUS Guidelines for an FRP. The request is medically necessary and appropriate.