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| Case Number: | CM14-0082488 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 10/31/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 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 65-year-old male who reported an injury on 10/31/2012. The mechanism of injury was noted to be the injured worker was performing a heavy, awkward lift while on the job and removing a pallet he needed to work on. Surgical history included a laminectomy. Prior therapies include physical therapy, psychological counseling, heat, a TENS unit, massage, and a home exercise program. The documentation of 05/13/2014 revealed by way of the multidisciplinary team conference summary, a thorough examination. It revealed that the multidisciplinary meeting included a physician, psychologist, and physical therapist. The injured worker underwent a psychological evaluation that was provided for review. The diagnosis from that evaluation included pain disorder, psychological and mixed, chronic, depressive disorder NOS mild symptoms, anxiety disorder NOS mild symptoms, history of PTSD symptoms reported in remission and a global assessment of functioning score of 65. The documentation indicated the team concerns included the injured worker's pain was a 4-5/10 on the average. The injured worker had 2 cups of coffee per day and 4 drinks of alcohol per week. The injured worker had a mild depression score on the Zung depression inventory and mild anxiety scores on the Zung Anxiety Inventory. The injured worker's perceived stress scale was in the moderate elevation range. The physician opined that the injured worker was in the contemplative stage of change, and was open to learning new tools to help him better manage his pain so he can return to volunteering, hobbies, and have a better quality of life. The injured worker indicated he did not anticipate returning to a paid job as he had a [REDACTED] pension that limited his work activities. The injured worker was noted to be retired. There was no Request for Authorization submitted for review. Diagnoses included status post L4-5 laminectomy/discectomy, chronic low back pain, vocational interruption, and dysfunction of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program 5 days x 4 weeks, low back: 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 Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical information submitted for review indicated the injured worker had baseline testing. There was documentation the injured worker had motivation to change. There was a lack of documentation of the injured worker's significant loss of the ability to function independently resulting from chronic pain. However, there was a lack of documentation indicating a necessity for 4 weeks of a functional restoration program as the recommendation is for up to two weeks with re-evaluation. This would exceed guideline recommendations. Additionally, the documentation indicated the injured worker was retired and was not going back to a paid job and was going to perform volunteer work, as such a functional restoration program would not be medically necessary. Given the above, the request for a FRP 5 days a week times 4 weeks for low back is not medically necessary.