

Case Number:	CM14-0180472		
Date Assigned:	11/05/2014	Date of Injury:	02/01/2012
Decision Date:	01/27/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Practice 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 58-year old garbage man reported an injury to his low back after lifting a garbage can on 2/1/12. He had multiple previous industrial and non-industrial injuries of his shoulders, knees and ankles and has undergone multiple surgeries. Initial treatment for the back injury included medication and physical therapy. An MRI performed 11/18/13 revealed multilevel degenerative changes with foraminal stenoses. He elected not to pursue invasive treatment, and was ultimately authorized to participate in a 6-week functional recovery program (FRP). The initial evaluation report for the FRP dated 2/12/14 notes that the patient has no intention to return to his regular job, and plans to retire. He uses Norco 2.5/325 sparingly. Listed goals include improving the patient's right shoulder and low back range of motion, to reducing his reliance on medical provider services and medications and to developing his future plans and return to successful employment (among others). The progress report from week 6 of the FRP, dated 9/16/14 states that the patient has benefitted greatly from the program. He takes Norco 2.5/325 sparingly. He will not be returning to work. A table comparing the patient's status at initial evaluation with subsequent weeks of treatment reveals minimal changes in range of motion of neck, back and right shoulder. (For example, back flexion increased from 120 to 125 degrees.) His ability to lift did increase from 26.5 to 41.5 pounds. Dynamic posture and stabilization measures mostly changed from poor to fair plus. He has apparently lost 7 lbs and now weights 314 lbs. He is described as having a daily practice of physical training, meditation and deep breathing. He has better pain coping mechanisms, is more social and has more engagement in his community. His anxiety level has decreased from mild to none and his depression level has stayed at minimal. The FRP's pain management physician requested an additional 6 visits of aftercare to help the patient "make the transition to holistic wellness" and to get "back to full functionality in all

activities of daily living and gainful employment". This request was non-certified in UR on 10/20/14, based on MTUS chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The MTUS reference cited above states that functional restoration programs (FRP) are recommended in situations where there is access to programs with proven success rates. Prior to referral an adequate evaluation must be made which includes baseline function testing. Previous treatment methods must have been unsuccessful, and there must be an absence of other treatment options which are likely to cause clinical improvement. The patient should not be a candidate for surgery or other treatments that would be clearly warranted. The patient must exhibit motivation to change and be willing to forgo secondary gain such as disability payments, and negative predictors of success must have been addressed. (Negative predictors of success include a negative outlook about future employment and high levels of psychosocial distress including higher pre-treatment levels of depression.) Total treatment should generally not exceed 20 full-days sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the clinical findings do not support the provision of 6 FRP aftercare sessions to this patient. This patient's participation in the 6-week FRP appears to have produced few significant, measurable results. The amount of weight the patient can lift has modestly increased, and there are minimal improvements in ranges of motion. Based on the records, it appears the injured worker is taking the same amount of opioid pain medication as he did prior to starting the program and he has not returned to work. He appears to have developed a home exercise and meditation program, and connected more with his community. The goals of this participation (such as "making the transition to holistic wellness") are vague and are not measurable except for a return to gainful employment. Based on the medicals, there are no concrete goals for participation in this program. Therefore, based on the MTUS citation above and on the clinical findings in this case, 6 additional aftercare sessions of an FRP program are not medically necessary.