

Case Number:	CM14-0187940		
Date Assigned:	11/18/2014	Date of Injury:	02/01/2011
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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:

This 44 year-old patient sustained an injury to the mid-back on 2/1/11 from bending to pick up a mat from the floor while employed by [REDACTED]. Request(s) under consideration include Retro FRP Program. Diagnoses include chronic cervical myofascial pain; chronic pain syndrome; mood adjustment disorder secondary to chronic pain. Report of 8/20/14 noted patient with pain level of 7 and would like to reduce down to 5-6/10 with goal to increase sleep from 5-6 hours to 6-7 hours per night. The provider noted the patient with pain level rated at 9/10; however, CBT increased cognitive restructuring from 20% to 30% with increased ambulation tolerance; additional psychological goals were cited; the patient had completed 9 sessions with request for an additional 15 sessions recommended. It was noted the patient completed 4 of the 10 sessions as of week 8. FRP progress report of 9/3/14 noted patient sleeping 4-5 hours per night. FRP progress report of 9/16/14 noted patient with pain level of 8/10 and sleep duration of 4-5 hours per night; with patient indicating anxiety, sleep hygiene, reliance on pain medications, unhealthy coping, ability to perform ADLs, social interest/communications, and independent positive coping skills have gotten worse without improvement with any symptoms or conditions although she indicated the program was helpful. Report of 10/1/14 noted patient completed 13 sessions with request for 10 more sessions. The request(s) for Retro FRP Program was denied on 11/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro FRP Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs , (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: This 44 year-old patient sustained an injury to the mid-back on 2/1/11 from bending to pick up a mat from the floor while employed by [REDACTED]. Request(s) under consideration include Retro FRP Program. Diagnoses include chronic cervical myofascial pain; chronic pain syndrome; mood adjustment disorder secondary to chronic pain. Report of 8/20/14 noted patient with pain level of 7 and would like to reduce down to 5-6/10 with goal to increase sleep from 5-6 hours to 6-7 hours per night. The provider noted the patient with pain level rated at 9/10; however, CBT increased cognitive restructuring from 20% to 30% with increased ambulation tolerance; additional psychological goals were cited; the patient had completed 9 sessions with request for an additional 15 sessions recommended. It was noted the patient completed 4 of the 10 sessions as of week 8. FRP progress report of 9/3/14 noted patient sleeping 4-5 hours per night. FRP progress report of 9/16/14 noted patient with pain level of 8/10 and sleep duration of 4-5 hours per night; with patient indicating anxiety, sleep hygiene, reliance on pain medications, unhealthy coping, ability to perform ADLs, social interest/communications, and independent positive coping skills have gotten worse without improvement with any symptoms or conditions although she indicated the program was helpful. Report of 10/1/14 noted patient completed 13 sessions with request for 10 more sessions. The request(s) for Retro FRP Program was non-certified on 11/5/14. The patient has not made any functional improvement in terms of sleep hygiene with decreased hours of sleep, unchanged high level of pain at 8/10 without demonstrated decreased in medication profile or increased ADLs and psychological improvement. Guidelines criteria to continue a functional restoration program requires clear rationale and functional improvement from treatment rendered. It states that extended treatment duration 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. Overall, per the submitted assessment, the patient has unchanged or decreased in ADL functions and shown no change with actual decrease with physical ability or independence. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider or patient to indicate or support further additional FRP treatment. The Retro FRP Program is not medically necessary and appropriate.