MAXIMUS Federal Services

Case Number:	CM14-0200663		
Date Assigned:	12/11/2014	Date of Injury:	01/05/2013
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 59 year old male with the injury date of 01/05/13. Per Functional Restoration Program (FRP) report 10/13/14, the patient has neck and back pain. "FRP has been going reasonably well for him. The structure has helped him to improve his sitting and standing tolerance and improve his sleep as well as a reduction of anxiety and distress levels by 30%." "He is relying less on his oral pain mediation by 30%." The patient "continues to have ongoing functional defects to his back and it has affected his ADLs in terms of sexual activity." The patient is taking Norco, Tizanidine, Prilosec, Quazepam and Viagra. The lists of diagnoses are:1) Chronic pain syndrome2) Cervical brachial syndrome3) Lumbar discogenic painThe treater requested additional FRP. "The goal s are to continue to improve his cognitive restructuring so that he can learn more techniques for self-awareness to control pain and medications, reduction of opioids dependency by 50%, he is currently at 30%, as well as to improve his daily activities." Per 09/03/14 progress report, the patient has pain in his neck and lower back, radiating down upper/ lower extremities at 8-10/10. The patient has received chiropractic treatment. The utilization review determination being challenged is dated on 11/21/14. Treatment reports were provided from 04/01/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of Functional Restoration program for 4 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for 4 additional sessions of FUNCTIONAL RESTORATION PROGRAM (FRP). The Utilization Review letter 11/21/14 indicates that [redacted] withdrew this request on 11/19/14, stating "the claimant is expected to be discharged after he finishes the 24 approved visits and he does not need more visits." The MTUS guidelines page 30-33 recommends functional restoration programs and indicate it may be considered medically necessary when all 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 independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient has had FRP. The review of the reports indicates that the patient has reduction of opioids dependency by 30%. However, the treater does not indicates what more can be accomplished with additional FRP. None of the reports indicate how many hours FRP the patient has had so far and how much more is being requested. The treater appears to have withdrawn the request on 11/19/14. The request IS NOT medically necessary.