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| Case Number: | CM15-0000052 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 09/17/2009 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 61-year-old female, who sustained an industrial injury on 9/17/2009. She reported low back pain. Mode of injury and treatment to date was not included for review. Therapeutic modalities of exercise and yoga were documented as well as pain medication. Currently, the IW complains of pain in the left ankle and lower back. Diagnoses include lumbo-sacral sprain/strain injury, leg fracture-post left ankle surgery on 7/14/2011, lumbo-sacral dis injury and lumbosacral radiculopathy. She had been undergoing treatment in a functional restoration program. In November 2014, an additional 20 sessions of FEP was requested. On 12/04/2014, Utilization Review non-certified a functional restoration program, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/19/2014, the injured worker submitted an application for IMR for review of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x2 (10 days) left leg, ankle, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant had completed an unknown amount of FRP. The initial FEP evaluation or functional progress or desire to return to work are not indicated in the clinical notes. As a result an additional 10 days of FEP is not medically necessary.