

Case Number:	CM15-0107738		
Date Assigned:	06/12/2015	Date of Injury:	07/05/2012
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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 45 year old male, who sustained an industrial injury on 07/05/2012. Diagnoses included chronic neck pain with evidence of C3-C6 multilevel disc protrusions, causing multilevel mild bilateral foraminal narrowing, chronic low back pain with evidence of L5-S1 posterior central disc protrusion and bilateral lateral recess stenosis and moderate to severe bilateral foraminal stenosis, chronic pain syndrome and pain related insomnia. Treatment to date has included MRI of the lumbar spine, electrodiagnostic testing, medications and a functional restoration program. According to a Functional Restoration Program Discharge Report with the date of service 05/04/2015-05/08/2015, the injured worker successfully completed a functional restoration program on 05/08/2015. He participated throughout the program with daily involvement in cognitive behavioral training classes, educational lectures, group therapy sessions and individualized physical therapy sessions. Over the past six weeks, the injured worker reported clear improvements in his ability to cope with and manage his chronic pain and its comorbid psychological distresses. He had significant improvements in his mental status, ability to engage in activities of daily living and his overall functionality. He had managed to incorporate and utilize cognitive behavioral techniques learned at the functional restoration program to cope with and manage with his chronic pain. He demonstrated understanding of the independent home exercise program which he needed to be compliant with to further improve his overall function over time. He continued to practice the daily physical training, meditation and relaxation breathing that he learned. He reported that these techniques as well as training in cognitive behavior skills, proper body mechanics, nutritional strategies, and

other strategies learned in the program were useful in helping him progress toward his goals of increasing his functional abilities and pain management skills. The musculoskeletal evaluation demonstrated increased range of motion in cervical spine flexion from 30 degrees to 40 degrees. Right upper extremity flexion was increased from 4- to 4. Right upper extremity abduction strength was increased from 4 to 4+. Left upper extremity flexion strength was increased from 4- to 4 and abduction from 4 to 4+. Right lower extremity gluteus medius was increased from 3+ to 4- and left lower extremity gluteus medius strength was increased from 3+ to 4-. The injured worker became proficient in an individualized home exercise program designed to improve functional abilities. He did not think he could return back to work as a loader, which was physically demanding requiring repetitive bending at the waist. He did continue to require usage of a cane but he did not require it often as his gait was slightly improved since beginning the program. The provider noted that he did not anticipate that the injured worker would be able to return to work successfully given his ongoing pain complaints and restrictions in range of motion. His prior job did require a significant amount of heavy lifting. He continued to require work restrictions which included no lifting greater than 10 pounds from floor to waist and waist to shoulder. Aftercare was recommended to bridge the transition from the intensive daily program to the stage following completion of the program. The provider requested authorization for six sessions of aftercare. Currently under review is the request for Functional Restoration Aftercare Program x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Aftercare Program x 6: Upheld

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

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. The claimant's has improved with 6 weeks of FRP. The claimant had previously declined a surgery recommendation rather than avoiding a controversial surgery. The request for 6 additional sessions of FRP is not medically necessary.