MAXIMUS Federal Services

Case Number:	CM15-0108063		
Date Assigned:	06/12/2015	Date of Injury:	06/20/2006
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
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: New Jersey
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 37 year old male, who sustained an industrial injury on 6/20/2006. He reported low back pain. Diagnoses have included lumbar post-laminectomy syndrome, disorders of sacrum and sciatica. Treatment to date has included epidural steroid injection, prosthetic disk replacement at L5-S1, physical therapy, H-wave unit, aquatic therapy, home exercise program, cognitive behavioral therapy and medication. According to the progress report dated 5/7/2015, the injured worker complained of constant low back pain with radicular symptoms into his bilateral lower extremities. The pain was made worse with extended periods of standing, sitting and extended periods of activity. The injured worker was working per diem as a janitor; he tolerated this fairly well. Physical exam revealed a normal gait. Straight leg raise was positive on the left and right. Authorization was requested for an initial evaluation at the [redacted] Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the [redacted] Functional restoration program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, p. 49, and Chronic pain programs, p. 30-34.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain).Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, although based on the notes available for review, the worker was experiencing continued chronic low back pain despite the years of treatments by his providers, he has lost significant ability to function independently at full capacity, he is not interested in surgical intervention, he exhibits motivation to change, and does not seem to have any significant factors in his history which would reduce the chance of his success with such a program. Upon review of the notes and reports provided, the worker appears to at least meet the criteria for an evaluation for the functional restoration program without commitment to complete the program as of yet. The request, therefore, for this initial evaluation is medically necessary in the opinion of this reviewer.