

Case Number:	CM15-0016519		
Date Assigned:	02/03/2015	Date of Injury:	01/26/2012
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: 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:

This 50 year old man sustained an industrial injury on 1/26/2012 after slipping and falling on a wet handicapped ramp. The mechanism of injury is not detailed. Current diagnoses include lumbar disc displacement without myelopathy, disorders of the sacrum, and sciatica. Treatment has included oral medications, thoracic epidural steroid injection, and physical therapy. Physician notes dated 1/14/2015 show improvements since attending the functional restoration program. The worker states he has been able to decrease his Norco intake, and is requesting a 30 day trial of TENS unit therapy. The worker is felt to have reached maximum medical improvement and is designated permanent and stationary. On 12/31/2014, Utilization Review evaluated prescriptions for [REDACTED] Functional Restoration Program and six aftercare sessions, that were submitted on 1/23/2015. The UR physician noted the worker is working with modified work duties. The worker was approved for [REDACTED] Functional Restoration Program on 10/29/2014. The discharge report from this functional restoration program showed successful completion. A request was then made for six aftercare sessions to consolidate gains from the formal 160 hour program. Re-enrollment in the same program or a similar program is not medically warranted for the same condition or injury. The program details, including post-care, should be approved prior to entering a program. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program, formal request for 6 sessions of aftercare: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Programs. Decision based on Non-MTUS Citation ODG, Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30.

Decision rationale: According to guidelines - As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. According to patients medical records there is a negative outlook for future employment as well as psychosocial distress and prevalence of opioid use which would make a multidisciplinary functional program not medically necessary.