

Case Number:	CM15-0133138		
Date Assigned:	07/21/2015	Date of Injury:	04/05/2011
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, 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 56-year-old female, who sustained an industrial injury on April 5, 2011, incurring upper and lower back injuries after a fall from a chair. She was diagnosed with cervical disc displacement and lumbar disc displacement. Treatment included Magnetic Resonance Imaging, anti-inflammatory drugs, chiropractic sessions, back bracing, physical therapy, functional capacity evaluation, nerve joint blocks, facet joint injections, aqua therapy and home exercise program, neuropathic medications, proton pump inhibitor and work restrictions. Currently, the injured worker complained of cervical neck pain radiating in to both arms with numbness and tingling. She also noted low back pain. Magnetic Resonance Imaging of the lumbar spine revealed disc protrusions with facet joint hypertrophy on 4/26/14. Cervical Magnetic Resonance Imaging revealed disc degeneration on 4/8/14. The patient has had an EMG of lower extremity on 5/1/14 that revealed polyneuropathy. The persistent pain interferes with her activities of daily living. The treatment plan that was requested for authorization included a Functional Restoration Program. The patient sustained the injury when she fell out of a chair. The patient was certified for initial Functional Restoration Program x 80 hours for this injury on May 2015. The patient was certified for lumbar fusion with laminectomy on 6/2/15. Whether patient had undergone lumbar fusion with laminectomy certified on 6/2/15 was not specified in the records specified. The medication list includes Gabapentin, Buprenorphine, Protonix and Naproxen Patient had received ESIs for this injury. Per the note dated 4/17/15, the patient had complaints of low back pain with radiation in lower extremity. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and antalgic gait. The patient has had history of anxiety and depression. Per the FRP progress report 5/18/15 to 5/22/15 patient has had pain in neck and low back and limited range of motion and strength. Per the FRP progress report 6/15/15 to 6/19/15 patient has had improvement in functional abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) updated 5/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 30-32, Chronic pain programs (functional restoration programs).

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below". In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs- 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; (6) Negative predictors of success above have been addressed". The patient was certified for lumbar fusion with laminectomy on 6/2/15. As per the cited guidelines, FRP is indicated when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. As per the records provided the patient was certified for lumbar fusion with laminectomy on 6/2/15. The response of lumbar fusion with laminectomy was not specified in the records specified. The details of post op treatment were not specified in the records specified. The criteria for chronic pain management program have not been met as per records provided. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. In addition, per ODG, "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) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain". Patient has had depression and anxiety disorder. The patient has an increased duration of pre- referral disability time more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. The request for Functional Restoration Program x 80 hours is not medically necessary or fully established for this patient.