MAXIMUS Federal Services

Case Number:	CM15-0137761		
Date Assigned:	07/27/2015	Date of Injury:	09/26/2003
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old female who sustained an industrial injury on September 26, 2003. She slipped and fell at work while having water on the floor. She has reported low back pain and bilateral knee pain and has been diagnosed with myalgia and myositis, unspecified, degeneration of lumbar or lumbosacral intervertebral disc, pain in joint involving lower leg, displacement of thoracic intervertebral disc without myelopathy, spinal stenosis of lumbar region, without neurogenic claudication, and degeneration of thoracic or thoracolumbar intervertebral disc. Treatment has included a functional restoration program, surgery, medications, and medical imaging. The injured worker appeared to be stated age, cooperative and in no distress. She was able to answer questions and carry on a conversation without use of accessory muscles of respiration. She was well nourished and hydrated with moist mucous membranes. The treatment request included continuation of functional restoration program x 120 hours. A report dated July 13, 2015 indicates that the patient has completed 5-6 weeks of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of FRP x 120 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs/functional restoration programs Page(s): 30-34 and 49.

Decision rationale: Regarding the request for Continuation of FRP x 120 hours, California MTUS supports chronic pain programs/functional restoration programs 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; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it is unclear how much of the functional restoration program has been completed. It appears the patient has undergone 6 weeks, but it is unclear how many hours this entails. Additionally, although there is documentation that the patient's function has improved, I was unable to find any recent examples of what specific functional improvement had been obtained since the patient started the program. Finally, specific treatment goals for all treating modalities for the remainder of the program were not listed. An additional week may be indicated to prevent interruption in the patient's care, but unfortunately, there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested Continuation of FRP x 120 hours is not medically necessary.