

Case Number:	CM15-0141505		
Date Assigned:	07/31/2015	Date of Injury:	04/23/2013
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year-old male, who sustained an industrial injury on 04-23-2013. He has reported injury to the low back. The diagnoses have included status post lumbar decompression L4 through S1 and interbody fusion, on 08-05-2014, with chronic bilateral left greater than right L5-S1 radiculopathy; and postlaminectomy syndrome, lumbar. Treatment to date has included medications, diagnostics, ice, epidural steroid injections, physical therapy, home exercise program, functional restoration program, and surgical intervention. Medications have included Oxycodone, Hysingla ER, Gabapentin, Ibuprofen, Morphine Sulfate ER, and Prilosec. A progress note from the treating providers, dated 06-26-2015, documented a summary of treatment with the injured worker. The injured worker reported that he continues to have intermittent pain in the left lower extremity; he notes improved activity tolerance, the pain has increased with increasing levels of activity; he is managing the pain better with Morphine Sulfate ER than with Hysingla ER; he continues to utilize Gabapentin intermittently; he has less anxiety and depression; and he continues to work on his activity tolerance. Objective findings included in no distress; examination of the low back reveals flattened lumbar lordosis; strength is grossly full in all lower extremity muscle groups except for left plantar flexion, which is 4+ out of 5; his gait is antalgic, slow, and wide-based, favoring the left leg; he has successfully completed the sixth week of the functional restoration program, participating appropriately and demonstrating benefit; there is overall improvement in his functional abilities; and he would benefit with a focus on core stabilization and personal one-on-one manual physical therapy with

a qualified physical therapist. The treatment plan has included the request for functional restoration aftercare program, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127. Decision based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

Decision rationale: This claimant was injured in 2013 with diagnoses of status post lumbar decompression L4 through S1 and interbody fusion on 08-05-2014, with chronic bilateral left greater than right L5-S1 radiculopathy; and a lumbar post-laminectomy syndrome. Treatment to date has included medications, diagnostics, ice, epidural steroid injections, physical therapy, a home exercise program, functional restoration program, and surgical intervention. The worker continued with intermittent pain in the left lower extremity. He notes improved activity tolerance, the pain has increased with increasing levels of activity; and he is managing the pain better with Morphine Sulfate ER than with Hysingla ER. He already completed six weeks of a functional restoration program. Per the records reviewed, the claimant had six weeks of a full functional restoration program. There is still some pain. The MTUS notes the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. In addition, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." The claimant has far exceeded what is felt to be effective for such programs. Further, there comes a time to say that maximum benefit is more likely than not been exhausted from such a program even including aftercare. The request is not medically necessary.