

Case Number:	CM15-0143031		
Date Assigned:	08/03/2015	Date of Injury:	04/10/2013
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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 43-year-old male with an industrial injury dated 04-10-2013. The injury is documented as a result of "carrying in performance of work duties". His diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, pain in joint involving ankle and foot and chronic pain syndrome. Prior treatments included aquatic therapy, massage, electrical stimulation, home exercise program and range of motion. He presents on 06-09-2015 for evaluation. The evaluating physician documents conditions that will impede the injured workers recovery included a significant fear of movement, fear of re-injury and a lack of robust independent exercise program. Physical evaluation revealed the following: fear of movement, fear of re-injury and low level of routine activity. He complained of lumbar pain rated as 5 out of 10 and described as constant. Gait was antalgic with decreased weight bearing on the right with stance and ambulation. Neurological exam: "patient unable to tolerate", sensation: allodynia right lower extremity and static balance was poor bilaterally. Psychological evaluation revealed the following: anxiety, panic episodes and poor coping. The physician documents the following: Unimodal therapy has not been able to achieve the results required for the patient to manage his pain particularly well return to significant work. The patient voices a desire to avoid medication use and does not want or need surgery. The patient has no substance abuse history. There appears to be no cognitive dysfunction. No unstable medical problems either industrial or non-industrial are present. The plan is to increase routine activity, foster a proper independent exercise program, increase activities of daily living and increase coping. Work status temporarily totally disabled during participation in the program. The treatment request is for Functional Restoration Program for a total of 8 weeks (8 weeks, 5 days a week, 8 hours a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for a total of 8 weeks (8 weeks, 5 days a week, 8 hours a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP/ Chronic Pain Program Section Page(s): 30-34.

Decision rationale: Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of 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 medical information available for review, there is documentation that an adequate and thorough evaluation has been made including baseline functional testing. There is indication that other methods for treating the patient's pain have been unsuccessful, and that the patient has lost the ability to function independently. However, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request exceeds the amount of FRP recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. Therefore, the current request is not medically necessary.