

Case Number:	CM15-0146931		
Date Assigned:	08/07/2015	Date of Injury:	03/07/2014
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 3-7-14. He reported neck and back pain with radiation to both arms and thighs. The injured worker was diagnosed as having cervicalgia, chronic low back pain, and chronic pain syndrome. Treatment to date has included physical therapy, home exercise, cervical epidural steroid injections, and medication. Currently, the injured worker complains of neck and back pain. The treating physician requested authorization for a functional restoration program remaining final days #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program remaining final days Qty; 10.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 29-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 49.

Decision rationale: The 50 year old patient complains of lower back pain and neck pain, as per progress report dated 04/23/15. The request is for functional restoration program remaining final

days qty; 10.00. The RFA for the case is dated 07/09/15, and the patient's date of injury is 03/07/14. Diagnoses, as per progress report dated 04/23/15, included sacroiliac sprain, lumbosacral neuritis, neck sprain, lower back sprain, lumbar radiculopathy at L5, and contusion of lower back and pelvis. The patient is taking Norco for pain relief. The pain is rated at 8/10, as per progress report dated 04/21/15, and the patient is status post arthroscopic knee surgery in 1999. He has been allowed to work but his restrictions have not been accommodated, as per the same progress report. The patient underwent thorough evaluation and was recommended for FRP, as per Multidisciplinary Team Meeting with Patient report dated 05/18/15. The MTUS guidelines pg. 49, Chronic pain programs (functional restoration programs) section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." In this case, the patient has already completed 20 days of FRP, as per report dated 07/07/15-07/09/15. As per the report, 10 additional days of FRP participation is required to continue improving leg and core strength and increased weight he is able to lift with good body mechanics to meet the demands of his job. The report also states that the patient is very motivated and needs additional time to incorporate the newly learned skills into his lifestyle, but he consistently puts forth obvious effort everyday he has been observed in the program to continue to make progress. MTUS recommends not more than 20 sessions of FRP in most cases but states that "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Given the specific request for 10 day extension and clearly defined goals in the FRP report, the request appears reasonable and is medically necessary.