

Case Number:	CM15-0160984		
Date Assigned:	08/27/2015	Date of Injury:	09/04/2000
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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 45-year-old female, who sustained an industrial injury on 9-04-2000. Diagnoses include lumbosacral strain, sciatica and myofascial pain - myositis. Treatment to date has included conservative treatment consisting of diagnostics, modified work, medications, physical therapy, psychological care, group therapy, home exercise, heat and ice application and a functional restoration program. Current medications include Norco, Gabapentin, Trazodone and Omeprazole. Per the Primary Treating Physician's Progress Report dated 7-08-2015, the injured worker reported back pain. She rated her pain as 7 out of 10 at its best and 8 out of 10 on average throughout the last week. She also reported associated numbness, tingling, spasms, fatigue, swelling, locking and weakness. Physical examination revealed trigger points palpated in the gluteus medius and quadratus lumborum bilaterally. The plan of care included modified work and medications. Authorization was requested for functional restoration program (3x5) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, Lumbar Spine, 3 times wkly for 5 wks, 15 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32.

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

Decision rationale: The current request is for Functional Restoration Program, Lumbar Spine, 3 times weekly for 5 weeks, 15 sessions. Treatment to date has included conservative treatment consisting of diagnostics, modified work, medications, physical therapy, psychological care, group therapy, home exercise, heat and ice application and a functional restoration program. The patient is working modified duty. The MTUS guidelines pg. 49, under functional restoration programs states 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 "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)." Per Multi-disciplinary team conference report dated 07/22/15, patient reported back pain. She also reported associated numbness, tingling, spasms, fatigue, swelling, locking and weakness. Physical examination revealed trigger points palpated in the gluteus medius and quadratus lumborum bilaterally. The patient is in week six of the program. She is currently working and has a child to care for, so the time she has been able to spend at the program has been reduced. The treater states, "we'll continue with the program as indicated." The medical file includes no RFA and there is no discussion regarding this request. This patient is in the 6th week of the FRR and there is a request for additional 15 sessions. MTUS page 49 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. Per "Interactive and Coping Skills Group Therapy" report dated 07/08/15, the patient's overall attendance has been sporadic due to external stressors and it is unclear if anything has been gained from her attendance to the program. In this case, significant improvement has not been demonstrated to warrant additional sessions. This request is not medically necessary.