

<b>Case Number:</b>	CM15-0163011		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 53 year old male who sustained an injury on 10-16-12. Diagnoses include ruptured eye; orbit deformity; traumatic brain injury; left orbital fracture; anxiety; depression and chronic pain syndrome. On 6-1-15 examination reports eye pain in the left eye and occasional fluctuating acuity in the right eye; objective finding include blind hypotensive eye, orbit deformity due to trauma and total traumatic cataract in the left eye; vitreous degeneration right eye and allergic conjunctivitis in both eyes. The treatment plan is to be fitted for a scleral shell to determine if this will provide comfort. An artificial eye was performed on 6-2-15. A behavioral medicine office visit on 5-19-15 reports the IW has symptoms of anxiety and depression relating to his injury and has severe headaches due to a traumatic brain injury. Treatment has also included psychotherapy and psychiatric care for his depression. The PR2 on 5-19-15 is discussing a functional restoration program and the IW is willing to undergo treatment. The objective findings at this exam include cervical range of motion is still limited to flexion, extension and side bending; motor strength both upper and lower extremities are 5,5 proximal and distal; deformity to his left orbit; tenderness on palpation to frontal sinuses and his mood is anxious. Current requested treatments Functional Restoration Program (FRP) outpatient individualized and integrated FRP using biopsychosocial approach x 20 days; monthly follow up visits at FRP x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP)-outpatient individualized and integrated FRP using biopsychosocial approach x20 days: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

**Decision rationale:** The patient presents on 05/19/15 with severe unrated left eye pain. The patient's date of injury is 10/16/12. The request is for FUNCTIONAL RESTORATION PROGRAM (FRP) OUTPATIENT INDIVIDUALIZED AND INTEGRATED FRP USING BIOPSYCHOSOCIAL APPROACH X 20 DAYS. The RFA was not provided. Physical examination dated 05/19/15 reveals limited cervical range of motion, deformity in the left orbit, and tenderness to palpation of the frontal sinuses. The patient is currently prescribed Ibuprofen, Adderal, and Desyrel. Patient's current work status is not provided. The MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (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). 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)." In regard to 20 days of functional restoration program attendance, the request is appropriate. The documentation provided does not indicate that this patient has attended any comprehensive functional restoration programs to date. The progress note associated with this request, dated 05/19/15 addresses the following criteria as required by MTUS: 1.) Provides an adequate a thorough evaluation of both this patient's medical and psychiatric treatments to date. 2.) Notes that previous methods of controlling pain are inadequate. 3.) Notes significant loss of ability to function independently secondary to loss of an eye. 4.) This patient is not a candidate for surgery. 5.) Indicates that this patient is willing to attend such a program to improve his coping with chronic pain and disability. 6.) Addresses negative predictors of success, such as this patient's ongoing depression, coping-struggles and current medication profile. MTUS guidelines indicate up to 20 full day (8 hour) attendance for a total allowance of 160 hours. Given the documentation satisfying MTUS criteria for FRP attendance, the request for 20 days of attendance falls within guideline recommendations and could produce significant benefits for this patient. Therefore, the request IS medically necessary.

**Monthly follow-up visits at FRP x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

**Decision rationale:** The patient presents on 05/19/15 with severe unrated left eye pain. The patient's date of injury is 10/16/12. The request is for MONTHLY FOLLOW-UP VISITS AT FRP X6. The RFA was not provided. Physical examination dated 05/19/15 reveals limited cervical range of motion, deformity in the left orbit, and tenderness to palpation of the frontal sinuses. The patient is currently prescribed Ibuprofen, Adderal, and Desyrel. Patient's current work status is not provided. The MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (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). 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)." In regard to the 6 monthly follow ups with the functional restoration program, the request exceeds guideline recommendations. This patient presents with significant chronic pain and disability secondary to traumatic brain injury and loss of his left eye. The MTUS criteria for FRP attendance have been satisfied and this patient is approved to undergo a 20 day treatment period. While follow-up visits are not specifically discussed in MTUS criteria for functional restoration programs, guidelines do indicate that treatment in excess of 20 days requires a clear rationale for the specified extension, with specific and reasonable goals for the patient. In this case, the requesting provider has not provided an adequate discussion of what is to be achieved by regular follow-ups with the associated functional restoration program, as required by MTUS. Without such a rationale, the request as written exceeds guideline recommendations and cannot be substantiated. The request IS NOT medically necessary.