

Case Number:	CM15-0163287		
Date Assigned:	08/31/2015	Date of Injury:	04/10/2013
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This is a 43 year old male with an April 10, 2013 date of injury. A progress note dated July 9, 2015 documents subjective complaints (pain rated at a level of 10 out of 10 without medications and 8 out of 10 with medications; reduced activity without medications), objective findings (antalgic gait; right brace; depressed affect), and current diagnoses (right ankle and foot pain; lumbar degenerative disc disease with radiculopathy). Treatments to date have included right ankle surgery, medications, and psychotherapy. The medical record indicates that medications control the pain. The treating physician documented a plan of care that included a functional restoration program for two weeks 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 times 2 weeks (10days, 60 hours) for the lumbar:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: The current request is for a Functional restoration program times 2 weeks (10 days, 60 hours) for the lumbar. The RFA is dated 07/24/15. Treatments to date have included right ankle surgery (June 201), AFO, injections, physical therapy, medications, and psychotherapy. The patient is TTD. 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 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). The patient underwent an Interdisciplinary Pain Program Evaluation on 06/09/15. According to this report the patient has voiced a desire to avoid medication and does not want or need surgery. The patient is motivated to overcome his injuries. Physical therapist and a psychologist have yielded excellent insight on this patient candidacy. The primary goals in the FRP were also outlined. It was noted that "this patient is very likely to return to significant levels of functional activity." The treater has provided documentation satisfying MTUS criteria for participation in a functional restoration program, and the request for 2 weeks falls within guideline recommendations. The request IS medically necessary.