

Case Number:	CM15-0165178		
Date Assigned:	09/02/2015	Date of Injury:	04/05/2013
Decision Date:	10/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial injury on April 5, 2013. She reported back and neck pain. The injured worker was diagnosed as having cervical sprain and strain, thoracic sprain and strain and lumbar sprain and strain. Treatment to date has included medications, back brace and FRP. On July 30, 2015, physical examination revealed spasm and tenderness of the back. Straight leg raise test was positive. Myofascial trigger points were noted in the legs bilaterally and lumbar range of motion was decreased. She reported her back brace was helpful and had a beneficial effect with FRP. The treatment plan included medication, back brace, FRP once a week for eight weeks and a follow-up visit. A request was made for after care FRP one time a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

After Care FRP 1 x week x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aftercare functional restoration program one time per week times eight weeks is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are lumbar sprain strain; lumbar disc displacement; lumbar radiculopathy; lumbar disc injury; bilateral leg contusions; and status post fall back and leg injuries. The date of injury is April 4, 2013. Request for authorization was August 14, 2015. According to a July 30, 2015 progress note, there are no subjective complaints documented in the medical record. Objectively, there is lumbar paraspinal spasm; there is positive straight leg raising; there is tenderness to palpation; decreased range of motion. Neurologic evaluation is negative. There are no compelling clinical facts to warrant an extension of the functional restoration program. Additionally, there is no clear rationale for the specified extension and reasonable goal to be achieved. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating an extension of functional restoration is indicated, aftercare functional restoration program one time per week times eight weeks is not medically necessary.