

Case Number:	CM15-0166206		
Date Assigned:	09/03/2015	Date of Injury:	04/02/2014
Decision Date:	10/15/2015	UR Denial Date:	07/28/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 31 year old male sustained an industrial injury to the low back on 4-2-14. The injured worker was currently participating in a functional restoration program. In a progress noted dated 7-20-15, the injured worker had completed the fourth week of the functional restoration program. The physician noted that he participated appropriately and demonstrated benefit. The injured worker stated that he was more social, happier, exercising more, more mentally focused and knew more pain management tools. Functional improvement included improved range of motion and improved gluteus medius and plantar flexion strength. The injured worker could lift more weights and tolerate 15 minutes of cardiovascular exercise. Current diagnoses included lumbar spondylosis with facet arthropathy. The physician noted that the injured worker was making slow but gradual gains in his physical program. The injured worker continued to require Norco twice daily. The treatment plan included additional functional restoration program x 120 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 120 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127.

Decision rationale: Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references]. This claimant was injured in 2014. The injured worker was currently participating in a functional restoration program. As of July, the injured worker had completed the fourth week of the functional restoration program. Per the records reviewed, the claimant had four full weeks of the program. The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." The intent of the continuance is for irritability management, but this could be addressed without a full multidisciplinary program. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.