

Case Number:	CM15-0166734		
Date Assigned:	09/04/2015	Date of Injury:	12/08/2014
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 injured worker is a 55 year old female who reported an industrial injury on 12-8-2014. Her diagnoses, and or impression, were noted to include thoracic region, neck and lumbar sprains and strains; and chronic pain syndrome. No imaging studies were noted. Her treatments were noted to include psychiatric evaluation (7-13-15); physical therapy; activity modifications; medication management; and a return to modified work duties, which became unavailable. The progress notes of 7-21-2015 reported an initial evaluation by the Physical Medicine and Rehab Group for complaints of worsening, severe pain across the low back, aggravated by activity, receipt of temporary, mild relief from ice therapy and medications; and which interfered with activities of daily living, sexual activity and shopping. Objective findings were noted to include: fatigue; depression, anxiety and anger with irritability; appearing poorly nourished, developed and groomed, and in moderate distress; exhibiting issues with sleep disturbances, decreased attention and decreased concentration; decreased lumbar range-of-motion; positive Adson's test to the bilateral shoulders; positive compression test to the sacroiliac joints; positive patellar compression test to the left knee; and a mildly antalgic gait. The physician's requests for treatments were noted to include an interdisciplinary evaluation to determine if she is a candidate for the Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Functional Restoration Program Evaluation is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has severe pain across the low back, aggravated by activity, receipt of temporary, mild relief from ice therapy and medications; and which interfered with activities of daily living, sexual activity and shopping. Objective findings were noted to include: fatigue; depression, anxiety and anger with irritability; appearing poorly nourished, developed and groomed, and in moderate distress; exhibiting issues with sleep disturbances, decreased attention and decreased concentration; decreased lumbar range-of-motion; positive Adson's test to the bilateral shoulders; positive compression test to the sacroiliac joints; positive patellar compression test to the left knee; and a mildly antalgic gait. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Functional Restoration Program Evaluation is not medically necessary.