MAXIMUS Federal Services

Case Number:	CM15-0167442		
Date Assigned:	09/08/2015	Date of Injury:	09/04/2014
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
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, 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 62 year old female who sustained a work related injury September 4, 2014. According to a primary treating physician (orthopedic spine surgeon's) progress report, dated June 29, 2015, the injured worker presented for follow-up of mid to low back pain, rated 7 out of 10 with medication, and 7.5 out of 10 without medication. Current medication included Anaprox, Cyclobenzaprine, and Norco. She has undergone a facet block L3-S1 with 70% improvement of left sided symptoms, but no improvement of right. She received trigger point injections with temporary relief and completed 6 sessions of chiropractic therapy without improvement. She is working modified duty and has increased pain when walking up steps at work. Physical examination revealed; normal gait, no limp and no weakness when walking on heels and toes; no tenderness of the paravertebral muscles or sacroiliac joints, notches, and flanks bilaterally, and no tenderness over the coccyx. Sensory light touch and pinprick are intact. An MRI of the lumbar spine, dated October 29, 2014, revealed lumbar spondylosis L2-3 through L5-S1 discs; L3-4, 3 mm posterior osteophyte disc complex; L2-3, 2.5 mm posterior osteophyte disc complex. The treating physician reviewed the MRI as well and noted; severe facet arthropathy L3-S1; well-maintained disc heights, except for mild disc height loss L3-4. Assessment is documented as L3-S1 facet arthropathy. Treatment plan included renewal of medication and the need for a multi-disciplinary program to increase her function and wean her from medication. At issue, is the request for authorization for a 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: Upheld

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

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, a functional restoration program 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. 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 workers working diagnosis is L3 - S1 facet arthropathy. Date of injury is September 4, 2014. Request for authorization is dated June 29, 2015. According to a progress note dated May 4, 2015, the injured worker completed one out of six chiropractic sessions. There are no medications listed in the worker return to work modified duty. According to a May 15, 2015 progress note, physical therapy is progressing. There is no documentation demonstrating objective functional improvement or non-improvement. Norco, naproxen and Flexeril were refilled. The injured worker was referred to a pain management provider for a radiofrequency ablation. According to progress note dated June 1, 2015, the injured worker completed six out of six chiropractic sessions. The documentation does not demonstrate objective functional improvement or non-improvement. According to a June 29, 2015 progress note, the injured worker received a facet joint block at L3 - S1 with improvement on the right. There was no documentation of objective functional improvement. A subsequent facet block and trigger point injection were provided with improvement of symptoms. Subjectively, the injured worker has made low back pain 7/10 with medications. Physical examination, on June 29, 2015, was entirely unremarkable. The injured worker's gait was normal; there was no swelling or gross atrophy of the paravertebral muscles; there was no palpable tenderness of the paravertebral muscles bilaterally; no tenderness over the

SI joints bilaterally, sciatic notches or flanks. Sensation was intact in the bilateral upper and lower extremities and motor function was entirely normal. The request for authorization lists the requested service as "an evaluation to determine candidacy for functional restoration program. The determination of candidacy and the evaluation for functional restoration program is the only issue under review. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating an entirely normal physical examination and subjective improvement with facet blocks and trigger point injections, a functional restoration program is not medically necessary.