

Case Number:	CM15-0168730		
Date Assigned:	09/09/2015	Date of Injury:	01/06/2012
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 47-year-old male, who sustained an industrial injury, March 6, 2012. According to progress note of January 16, 2015, the injured had completed a two-week FRP (functional restoration program). The injured worker had better strength and endurance and will continue the FRP so that the injured worker could benefit fully from the multidisciplinary approach of the FRP to better manage the chronic pain. After two weeks, there was 12% improvement in the maximal verbal cues for flare-ups and relaxation and breathing, continued with basic exercise program, verbal cues required for protective guarding, relaxation breathing and overcoming fear of re-injury. There was a 10-15% in body mechanics and exercises. There was an 8% increase in balance function step up and down, functional lifting and balance. The functional squat was 12%. The sit to standing was 10%. There was a care plan and injured worker oriented goals. In March of 2015, the injured worker continued to improve by 20-30%. The progress noted of June 12, 2015 noted the injured worker's complaint of lumbar spine pain. The physical exam noted the injured worker walked without the assistive device for balance and ambulation. There was lumbosacral tenderness with palpation and myofascial tightness. The straight leg raises were positive bilaterally, right greater than the left. The musculoskeletal strength was slightly decreased on the right side compared to the left with knee extension, flexion as well as EHL weakness on the right side compared to the left side. The injured worker was able to cut down on the use of Norco for pain, since starting the FRP. The injured worker was diagnosed with lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain and or strain and status post microdiscectomy on January 13, 2014. The injured worker previously

received the following treatments function restoration program, Norco, Flexeril and Mobic and TENS (transcutaneous electrical nerve stimulator) unit and ice therapy. The RFA (request for authorization) dated June 12, 2015, which included the following request for functional restoration program for 1-8 days for the lower back. The UR (utilization review board) denied certification on July 29, 2015; due to the functional restoration program, notes were not included to identify the improved outcomes and an individualized care plan explaining why improvement cannot be achieved without ab extension was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 1 x 8 days for low back: 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 (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in March 2012 and is participating in a functional restoration program. After participating in the program for two weeks there had been improvements in standing, walking, and driving tolerances. He had been able to decrease his use of pain medications. He was participating in treatments and is referenced as committed to regaining function. An additional eight days of treatment is being requested. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full day sessions. In this case, the evidence of improvement after participating in the program for two weeks with increased positional tolerances and decreased medication use. The request for completion of the remaining 20 full day sessions is medically necessary.