

Case Number:	CM15-0185789		
Date Assigned:	09/28/2015	Date of Injury:	08/12/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

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, California

Certification(s)/Specialty: Family Practice

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 is a 52-year-old male with a date of industrial injury 8-12-2014. The medical records indicated the injured worker (IW) was treated for lumbosacral spondylosis. In the 8-6-15 and 9-10-15 progress notes, the IW reported increased low back tightness without therapy. He stated Tizanidine and Norco were helpful, but he did not wish to continue medications; he wanted to participate in the functional restoration program to be able to return to his usual position at work. He stated that modified duty involved prolonged standing, which increased his pain. Objective findings on 8-6-15 and 9-10-15 included normal muscle tone and strength without atrophy in all four extremities. Lumbar extension was 0 degrees, flexion was 40 degrees and left and right lateral bending was 10 degrees. There was spasm and guarding in the lumbar spine and increased tone in the trapezius muscle and thoracic and lumbar paraspinals. Treatments included medications; physical therapy, which decreased his low back pain from 7 to 5 out of 10; acupuncture, massage therapy and chiropractic, which were helpful. The records did not state the number of therapy treatments the IW received. An evaluation for a functional restoration program was conducted on 8-27-15 and the IW was determined to be a candidate for the program. A Request for Authorization dated 9-9-15 was received for Functional Restoration Program (quantity 160 hours). The Utilization Review on 9-16-15 non-certified the request for Functional Restoration Program (quantity 160 hours). The patient had received 12 PT and acupuncture visits for this injury. The patient has had 90% improvement with previous PT and was released to full duty. Per the note dated 9/22/15, this improvement was temporary. The patient sustained the injury due to repetitive lifting. The patient has had history of difficulty in sleeping, anxiety and depression. The patient had received an unspecified number of the psychotherapy visits for this injury. Per the note dated 9/22/15 the patient had complaints of low

back pain at 4/10 with radiation. Physical examination of the low back revealed limited range of motion, muscle spasm and increased tone. The patient has had FRP evaluation on 8/27/15 that revealed patient is a good candidate for FRP. The medication list includes Norco, Naproxen, and Tizanidine. The patient has had MRI of the lumbar spine that revealed disc protrusions, spondylitic changes, and degenerative changes. The patient's surgical history includes right shoulder surgery in 2010 and inguinal hernia repair. Per the note dated 9/22/15, the request for the functional restoration program for 160 hours was changed, by the requesting provider, to a request for FRP for 80 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 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed". The patient is working full time. The evaluation for FRP dated 8/27/15 did not reveal a severe or significant loss of ability to function independently resulting from the chronic pain. In addition, per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain". Patient has had depression and anxiety. There is conflicting evidence that chronic pain programs would provide benefit in this kind of patient. Per the cited guidelines, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains". The request for the functional restoration program, as submitted at present, is for 160 hours or 4 weeks. Per the note dated 9/22/15, the request for the functional restoration program for 160 hours was changed, by the requesting provider, to a request for FRP for 80 hours. The request for Functional restoration program x 160 hours, as submitted at present, is not medically necessary or fully established for this patient.