

Case Number:	CM15-0186591		
Date Assigned:	09/28/2015	Date of Injury:	03/15/2011
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey
 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 03-15-2011. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc with radiculitis, degeneration of lumbar disc and low back pain. MRI dated 07-20-2013 revealed L4-L5 circumferential disc bulge and mild bilateral foraminal narrowing and L5-S1 mild bilateral facet arthropathy. Treatment to date has included medication, physical therapy, application of heat, lumbar epidural corticosteroid injections, acupuncture and a home exercise program. Physical therapy was documented to provide no lasting benefits and some pain relief was reported with medications, heat and stretching. In a physical therapy progress note dated 07-07-2015, the injured worker reported constant pain in the lumbar region with frequent shooting pain down the left lower extremity to the foot with constant tingling in both feet and sharp pain in the low back after sitting for 30 minutes. Pain was rated as 4 out of 10. The injured worker reported that she could not do much during the day secondary to low back pain except for some light cooking and light laundry. Prior level of function was noted as full duty work with no restrictions and full independence with activities of daily living. Objective examination findings revealed guarded movements, inability to maintain proper techniques due to muscle weakness in the trunk and lower extremities, decreased range of motion of the lumbar spine of 75% in forward, backward bending and 50% in all other planes, 1+ deep tendon reflexes in the ankles and patella, absent deep tendon reflexes in the left patella, straight leg raise positive on the left at 50 degrees and tenderness to palpation of the lumbosacral region. The physician noted that the injured worker would greatly benefit from the functional restoration program to improve her core

and lower extremity strength as well as total body fitness levels and address proper body mechanics and lifting techniques as well as coping skills to manage chronic pain. The injured worker reported wanting "to get back to in some kind of capacity." The injured worker was noted to be off work. A request for authorization of outpatient functional restoration program 2 times a week for 6 weeks lumbar was submitted. As per the 08-24-2015 utilization review, the request for outpatient functional restoration program 2 times a week for 6 weeks lumbar was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional restoration program 4 times a week for 6 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline. 2. Previous methods of treating chronic pain unsuccessful. 3. Significant loss of ability to function independently from the chronic pain. 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented). 5. Exhibits motivation to change, including willingness to forgo secondary gains. 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there seemed to be sufficient evidence to support this request with the criteria being met (not a candidate for surgery, goals set, psychological evaluation, etc.). However, the request for 24 sessions is excessive and beyond the upper limit of 20 set forth by the Guidelines. Therefore, this request for 24 sessions of a functional restoration program is not medically necessary. A request for a shorter duration might be reconsidered.

