MAXIMUS Federal Services

Case Number:	CM15-0186826		
Date Assigned:	09/28/2015	Date of Injury:	05/15/2013
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
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: Arizona, 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:

The injured worker is a 48 year old female who sustained an industrial injury on 05-15-2013. According to a progress report dated 08-31-2015, the injured worker had sustained a slip and fall. She returned to work full-time since the date of injury but had some slight modifications and continued doing heavy work as opposed to very heavy work. She reported that the nature of her problems was the left shoulder and low back radiating down her right lower extremity posteriorly all the way to her toes. Treatment to date has included psychotherapy, pain medications, TENS unit, acupuncture, physical therapy, ultrasound and chiropractic care. Pain was present 75% of the time and was rated 7 on a scale of 0-10. She needed some help in bathing and dressing but had no choice but to do it herself which took a "significant" amount of time. She was currently taking no medications. Allergies included Ibuprofen, Acetaminophen and Aspirin. Diagnoses included cervical sprain rule out degenerative disk disease of the cervical spine, chronic low back pain, myofascial pain syndrome lumbar and cervical spine, degenerative disk disease of the lumbar spine with a right lower extremity radiculopathy, grade 1 anterolisthesis of L4 on L5, left knee sprain with internal derangement scheduled for medial meniscectomy of the left knee in the proximate future, depression not otherwise specified moderate without psychotic features without suicidal homicidal ideation not currently on medication or psychological therapy, sleep disorder insomnia type and decreased libido. The provider noted that the injured worker was an ideal candidate for a functional restoration program. An authorization request dated 09-10-2015 was submitted for review. The services requested included a functional restoration program at named facility 80 hours, daily transportation and hotel stay. On 09-16-2015, Utilization Review non-certified the request for the functional restoration program at named facility 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 for 80 hours: Overturned

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): Functional restoration programs (FRPs).

Decision rationale: According to the guidelines, 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The request for the trial of 80 hours of a functional restoration program is medically necessary.