

Case Number:	CM15-0188161		
Date Assigned:	09/30/2015	Date of Injury:	06/20/2014
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who sustained an industrial injury on June 20, 2014. A recent pain management follow up visit dated August 31, 2015 reported subjective complaint of "back pain, thoracic and lumbar strains." She continues to complain of "pain in the middle and lower portion of her back." She does report "intermittent neck pain." Of note, she underwent an initial evaluation at a functional restoration program on August 20, 2015 pending response. She continues to use Naproxen twice daily which "does provide some improvement of her pain level," but she is wondering if there is something stronger she may try. Current medications included: Naproxen, and Diclofenac. The following diagnoses were applied to this visit: sprain and strain lumbar region and thoracic region. The plan of care is with recommendation for a functional restoration program. Pain follow up dated August 03, 2015 reported subjective complaint of "has felt more anxious with regard to her pain level recently, and states she feels desperate at times due to frustration with having to modify her activity to account for her pain." Previous treatment to include: activity modification, oral medications, topical cream, and physical therapy. On August 28, 2015 a request was made for a functional restoration program #160 sessions that was modified by Utilization Review on September 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **FRP (functional restoration program), 160 hours:** 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): Functional restoration programs (FRPs).

Decision rationale: The current request is for ██████████ FRP (FUNCTIONAL RESTORATION PROGRAM), 160 HOURS. Treatment history include physical therapy, and medications. The patient is not working. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. Per report 08/31/15, the patient presents for a follow up regarding her thoracic and lumbar strains. With regard to medication, the patient is taking Naproxen 2x daily for pain and inflammation. The patient underwent an initial evaluation at a functional restoration program on August 20, 2015. The report considered the patient to be a good candidate for the program. The treater requested the full program 160 hours of participation in the ██████████ FRP. MTUS page 49 states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours, when significant improvement has been demonstrated. The request for an initial course of 160 hours, exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.