

Case Number:	CM15-0188279		
Date Assigned:	09/30/2015	Date of Injury:	04/02/2014
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 32 year old male, who sustained an industrial injury on 4-2-14. Medical records indicate that the injured worker is undergoing treatment for low back pain, sprain of the sacroiliac joints, discogenic disc disease, lumbar spondylosis without myelopathy-with facet arthropathy, depressive disorder and psychological factors affecting a medical condition. The injured worker has not be able to work since August of 2014. The functional restoration program discharge note dated 8-3-15 to 8-7-15 notes that the injured worker successfully completed the program on 8-7-15. Following six weeks of in the program the injured worker reported significant improvements in his mental status, his ability to engage in activities of daily living and his overall functionality. The injured worker was better able to cope with his chronic pain and to manage his psychological distress through techniques learned in the program. Treatment and evaluation to date has included medications, MRI of the lumbar spine, urine drug screen, chiropractic treatments, physical therapy (24-30) sessions and acupuncture (12-18) sessions. Treatments tried and failed include lumbar facet joint blocks. Current medications (5-19-15) include Singular, Albuterol, Nabumetone, Norco and Pantoprazole. Current requested treatment includes a functional restoration after care program times 6 sessions. The Utilization Review documentation dated 8-27-15 modified the request for the functional restoration after care program to three sessions (original request 6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration after care program x 6: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program aftercare times 6 is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are long-term use of medications NEC; and lumbosacral spondylosis. The injured worker has received a comprehensive package of exercises to continue the wellness program with an emphasis on cardiovascular core, resistance and flexibility training. He has shown overall improvement in lower extremity range of motion and strength and will continue to benefit with a focus on individualized therapy as well as continuing a home exercise program. The injured worker maintained active participation in physical therapy, improved his ability to relax and improve coping through cognitive behavioral interventions, tolerated maintenance of medications despite increased activity and increased social contact and reduced social isolation. The treating provider is requesting authorization for six sessions of aftercare so the injured worker may consolidate the gains he made during the functional restoration program. Aftercare sessions could have been provided during the latter part of the functional restoration program. The utilization review authorized three sessions of aftercare over six week period. The utilization review indicates the injured worker has significant social stressors and is not employed. There is heightened concern the injured worker will fall back without some short-term support. The utilization reviewer authorized three sessions of aftercare. Pending objective functional improvement, if necessary, additional aftercare may be clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, functional restoration program aftercare times six sessions is not medically necessary.

