

Case Number:	CM15-0188313		
Date Assigned:	09/30/2015	Date of Injury:	08/30/2013
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
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 39-year-old female, who sustained an industrial injury on 8-30-2013. The injured worker is undergoing treatment for: cervical intervertebral disc degeneration, bilateral lumbosacral radiculitis, gastritis, chronic pain and psycho-physiologic disorder. On 9-2-15, she reported low back pain with radiation down the bilateral lower extremities and associated numbness and tingling in the legs and feet. She rated her pain 6 out of 10. Her activities of daily living are noted to be independent with pain and a decreased pace. She is reported to be able to ambulate for 30-45 minutes, have a mildly unstable balance, sit for 15-30 minutes at a time, and stand for 60-120 minutes at a time. She is reported to be able to sleep up to 7-8 hours straight when she takes a muscle relaxant. She is noted to be dependent on others for things like housekeeping and shopping. There is notation that prior to the injury she was able to walk 2 hours and ride a bicycle for up to 2 hours. Physical findings revealed a tampa scale for kinesiophobia of 44, a guarded gait, increased lumbar spine lordosis, tenderness in the low back and buttocks, "good lumbar mobility", and positive straight leg raise test bilaterally. The treatment and diagnostic testing to date has included: medications, home exercise program, multiple physical therapy sessions, lumbar epidural steroid injection (May 2015) reported as giving at least 50 percent reduction in pain, electrodiagnostic studies (date unclear). Medications have included: cyclobenzaprine, lyrica, duloxetine, methimazole, Ondansetron, oxycodone, and Pepcid. Vicodin is noted to have made her itchy. Current work status: reported as not having a job. The request for authorization is for: functional restoration program (in hours), quantity 60. The UR dated 9-23-2015: non-certified the request for functional restoration program (in hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, Qty 60 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 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 60 hours 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. Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral to a psychologist for a functional restoration program 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. 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 chronic pain; degeneration cervical into vertebral disc; and lumbosacral radiculitis. The date of injury is August 30, 2013. Request for authorization is September 16, 2015. According to a September 2, 2015 progress note, the injured worker has been out of work for two years and does not have a job to return to. The guidelines state if a program is planned for a patient that has been continuously disabled from work for 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. The treating provider has not clearly identified the outcomes for necessity of use with a functional restoration program. There is no documentation regarding prior physical therapy and the degree of objective functional improvement associated with prior physical therapy. The total number of prior physical therapy sessions is not specified.

Additionally, according to a September 2, 2015 mental health evaluation, there are negative predictors including significant depression, anxiety and impaired sleep. The most prominent symptoms of emotional distress include excessive worry, depressed mood and feelings of uselessness. These symptoms have increased functional impairment by complicating self-management of chronic pain. Specifically, the severity of anxiety contributes to high levels of fear of movement, which impedes physical rehabilitation and leads to disuse syndrome. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker has been continuously disabled for more than 24 months, and multiple negative predictors including significant depression and high levels of fear of movement which impedes physical rehabilitation, functional restoration program 60 hours is not medically necessary.