

Case Number:	CM15-0188899		
Date Assigned:	09/30/2015	Date of Injury:	07/02/2014
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 07-02-2014. She has reported subsequent low back pain and was diagnosed with lumbosacral strain, chronic low back pain, lumbosacral facet arthropathy and depression and anxiety due to stress and pain. MRI of the lumbar spine on 02-11-2015 was noted to show mild to moderate bilateral facet arthropathy at L4-L5, moderate to severe right and moderate to severe left facet arthropathy at L5-S1 and grade 1 anterolisthesis at L5-S1. Treatment to date has included medication, 9 sessions of physical therapy consisting of exercise, ultrasound, heat and transcutaneous electrical nerve stimulator (TENS) and a home exercise program. The injured worker reported that physical therapy was helpful. Work status was documented as off work. The injured worker had a behavioral medicine evaluation performed on 07-23-2015 for assessment of psychological response to chronic pain and disability and for treatment considerations. The physician indicated that the injured worker appeared to be an excellent candidate for coordinated approach to chronic pain management utilizing medical, behavioral and physical treatment strategies. Barriers to recovery included low activity levels and high level of functional complaints. Goals of the chronic pain treatment program were noted to be to reduce pain if possible, to reach optimal functioning and to manage residual pain. The injured worker also had a physical therapy evaluation performed on 07-23-2015. Objective findings showed excessive lumbar lordosis in standing position, pain when arising from a seated position or changing positions, decreased active range of motion, tenderness to palpation over the facet joints of the L5 vertebrae and tip of the coccyx, tenderness in the bilateral upper gluteal musculature and some weakness of the core musculature. The injured worker's personal goals were to lose weight and be able to be more active without having as much pain and the therapist listed specific goals of the functional restoration program including

improved standing alignment, improved active-sedentary ratio, daily home exercise program completion, core muscle strength improvement and return to work. The injured worker had an interdisciplinary evaluation and treatment plan performed on 08-11-2015 for evaluation and treatment of chronic low back pain. The injured worker reported constant 7 out of 10 low back pain radiating to the legs and feet. Sleep was noted to be disturbed and simple activities were noted to cause pain. The physician recommended referral for an evaluation by an interventional pain specialist and a functional restoration program. Subjective and objective treatment goals were listed. A request for authorization of functional restoration program (20-day program) was submitted. As per the 09-10-2015 utilization review, the request for functional restoration program (20-day program) was modified to certification of functional restoration (10-day program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (20-day program): 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: Guidelines recommend initiation of a functional restoration program as long as there has been a thorough evaluation to determine candidacy and a treatment plan. Those who meet criteria are authorized for a 10-day initial program. In this case, the patient meets necessary screening and 10 days would be appropriate. The request for functional restoration program 20 days exceeds guidelines and is not medically appropriate and necessary.