

Case Number:	CM15-0189657		
Date Assigned:	10/01/2015	Date of Injury:	04/13/2009
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 4-13-09. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for central disc protrusion C5-C6, right C6 and C7 radiculopathy, cervical stenosis, cervical facet joint arthropathy, cervical sprain strain, lumbar facet joint arthropathy L2 to S1, lumbar sprain strain, bilateral shoulder sprain strain, bilateral shoulder internal derangement syndrome. Medical records dated 7-28-15 indicate "increased upper extremity and lower extremity radicular pain." Provider documentation dated 7-28-15 noted the work status as temporary totally disabled. Treatment has included Methadone, Lorazepam, Gabapentin, Norco, Flexeril, Ultram, Nucynta, Clonazepam, Tylenol, Oxycontin, Oxycodone, and Soma. Objective findings dated 7-28-15 were notable for low back pain with forward flexion, restricted lumbar and cervical range of motion, decreased sensation at bilateral posterolateral thighs and posterior calves with decreased dorsiflexion strength in bilateral great toes. Provider documentation dated 7-28-15 noted "her previous urine drug screen were consistent with no aberrant behaviors and experiences no adverse reactions." The original utilization review (8-28-15) denied a request for outpatient additional Functional Restoration Program (FRP) [REDACTED] program for 80 hours (16 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional Functional Restoration Program (FRP) ██████ program for 80 hours (16 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Functional Restoration Programs (FRPs) Section.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the injured worker has completed 10 days of a functional restoration program with documented significant benefit, therefore, continued treatment is supported. However, the guidelines do not support total duration of more than 20 days. This request for 16 additional sessions exceeds the recommended 20-day maximum, therefore, the request for outpatient additional functional restoration program (FRP) ██████ program for 80 hours (16 days) is determined to not be medically necessary.