

Case Number:	CM15-0191864		
Date Assigned:	10/05/2015	Date of Injury:	07/31/2013
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male with a date of injury of July 31, 2013. The diagnoses include lumbar radiculopathy, lumbar disc extrusion, chronic pain syndrome, pain disorder with psychological factors, and mood disorder due to general medical condition. Per the note dated 10/9/15, the patient has completed 1 week of FRP. He was able to perform tasks with 10 lbs. with fair body mechanics. He has no improvement in fear of re-injury. Per the note dated June 23, 2015 he had complaints of average pain rated at a level of 8 out of 10, 5 out of 10 at best, and 10 out of 10 at worst. Records also indicate that the patient was able to walk for 15 minutes, was uncomfortable while dressing, had flare ups of pain with household chores, only leaving the house for doctor's appointments, and doing some home stretching. The exam dated June 23, 2015 revealed a score of 48 on the Beck Depression Inventory indicating severe mood symptoms, a score of 50 on the Beck anxiety Inventory indicating severe anxiety symptoms, a score of 18 on the Patient Health Questionnaire indicating moderate to severe mood symptoms, clear and goal-oriented speech process, and good insight and judgment. Per the progress note dated September 17, 2015 the patient was engaging in more walking and attempting more activities, and that his panic attacks had remained stable despite the increase in activities. The patient was improving, as indicated by decreased anger regarding functioning and pain. The medications list includes prilosec, remeron, lamictal, Tramadol, and Relafen. He has had lumbar spine MRI dated 5/20/15 which revealed small disc protrusion at L5-S1. Per the records provided (multidisciplinary evaluation dated 6/23/15) the patient has history of severe mood and anxiety symptoms with suicidal thoughts. He was advised for psychological treatment. After psychological treatment the patient was found fit

for a FRP. Treatment has included lumbar laminectomy and discectomy (September 2, 2013), cognitive behavioral therapy, and medications (Cymbalta, Hydrocodone, Aleve, Tramadol, and Relafen since at least June of 2015). The original utilization review (September 28, 2015) partially certified a request for ten days of a functional restoration program (original request for thirty days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program per day Qty 30: 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: Functional restoration program per day Qty 30. Per the cited guidelines, "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)." The patient was certified previously for 2 weeks of functional restoration program sessions for this injury. The requested additional visits are more than recommended by the cited criteria. There is no evidence of significant ongoing progressive functional improvement from the previously authorized/ certified functional restoration program that is documented in the records provided. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of a Functional restoration program per day Qty 30 is not fully established for this patient.