

Case Number:	CM15-0193864		
Date Assigned:	10/07/2015	Date of Injury:	07/31/2009
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 07-31-2009. He has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; degeneration lumbar-lumbosacral disc; pain in joint pelvis thigh; and chronic pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, physical therapy, biofeedback therapy, and cognitive behavioral therapy. Medications have included Tramadol and Gabapentin. A progress report from the treating physician, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported low back and shoulder pain; his back pain is made worse with bending and lifting at the waist level; his pain is made better with rest and medication; his shoulder pain is made worse with pushing, pulling, and lifting above the shoulder level; the shoulder pain is made better with rest and medication; he has undergone physical therapy, biofeedback therapy, and bilateral epidural steroid injection of L4 and L5, on 12-13-2011, without significant benefit; and he does not want to have any invasive procedures including injections or surgery. Objective findings included he is alert and oriented; gait was antalgic; he ambulated into the room without any assistance; tenderness to palpation at the lumbosacral junction, right-sided greater than left; range of motion of the lumbar spine is decreased by 40% with flexion, 50% with extension, and 40% with rotation bilaterally; sensations were decreased to light touch at the right calf compared to the left lower extremity and also right anterior thigh; straight leg raise is positive on the left; and spasm and guarding is noted in the lumbar spine. The provider noted that the injured worker has "exhausted conservative and

invasive treatment options and is not a surgical candidate at this point in time" and that "we believe he will be best treated in a multidisciplinary program". The treatment plan has included the request for consultation to evaluate for a functional restoration program x1. The original utilization review, dated 09-21-2015, non-certified the request for consultation to evaluate for a functional restoration program x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation to evaluate for a functional restoration program x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 129, regarding "Qualifications of a Consultant or an Independent Medical Examiner."

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Based on the 10/19/15 report, the patient presents with pain to the lower back and shoulder. The request is for consultation to evaluate for a functional restoration program x 1. Physical examination to the lumbar spine on 10/05/15 revealed spasm and guarding. Treatment to date has included ESI's, medication, image studies, physical therapy and functional restoration program. Patient's diagnosis on 08/20/15 includes lumbar disc displacement without myelopathy, pain in joint pelvis thigh, chronic pain nec, pain psychogenic nec, and degeneration lumbar lumbosacral disease. Patient's medications include Tramadol, Imitrex, and Gabapentin. The patient is permanent and stationary. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. In 10/15/19, the treater states that the patient is exhibiting motivation for change and is willing to forego secondary gains including disability payments to affect this change; if this means a specific plan for return to work at a modified position, with physical demands criteria needing for capability, this should be identified with FCE. In the same report, it is stated that the patient participated in 10 days of FRP in 2010 at four hours per day. However, the reports did not indicate functional improvement due to the previous FRP and there are no discussions regarding the discontinuance of such program. In this case, treater has not documented significant functional improvement due to previous FRP attended in 2010. The patient should be provided pain management for re-evaluation of the lower back and shoulder issues for recurrent pain. Therefore, the request IS NOT medically necessary.