

Case Number:	CM15-0194671		
Date Assigned:	10/08/2015	Date of Injury:	03/18/2001
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 3-18-2001. The injured worker is being treated for lumbar intervertebral disc, degeneration of lumbar intervertebral disc and low back pain. Treatment to date has included surgical intervention of the wrist x4, and TLIF at L5-S1 (2003), medications, physical therapy and work restrictions. Per the Multidisciplinary Evaluation Report dated 9-09-2015, the injured worker reported low back pain and left lower extremity pain. Current medications include Ambien and Percocet. Objective findings included full range of motion of the lumbar spine with pain in all planes. Straight leg raise was positive for radicular pain at 60 degrees. The IW was found to be significantly limited by high levels of fear avoidance resulting in significant guarding and limitations in movement. He is noted to be experiencing ongoing substantial levels of depression and anxiety. The notes from the provider do not document efficacy of the prescribed medications, work status was modified. The plan of care included functional restoration program. Authorization was requested for functional restoration program. On 9-25-2015, Utilization Review non-certified the request for 20 days of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Days of a Functional Restoration Program: Upheld

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

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

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The request for the trial of 10 sessions at functional restoration program may be appropriate but the 20 session exceeds the guidelines recommendations and is not medically necessary.