MAXIMUS Federal Services

Case Number:	CM15-0194779		
Date Assigned:	10/08/2015	Date of Injury:	07/17/2013
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 55 year old male injured worker suffered an industrial injury on 7-17-2013. The diagnoses included low back pain, chronic pain, sciatica, mood disorder, depressive disorder, hip and thigh strain, and myofascial pain-myositis. On 9-15-2015 the treating provider reported the pain was severe rated 8 out of 10 the prior week as the worst pain and the average pain with associated numbness, tingling, spasms, headaches, fatigue, locking and weakness. The functional status was rated 10 out of 10 (10 being extreme difficulty) for walking, sitting, getting out of a chair, off the toilet, shores, personal care, leisure activities, sexual activity and work. Driving was rated 9 out of 10. The effect pain had interfered with sleep, concentration, relationships and enjoyment of life was rated 10 out of 10 (10 was completely interferes). Prior treatment included Lunesta, Lyrica and Norco. Review of systems revealed positive for fatigue, disturbed sleeping, night sweats, chest tightness, orthopnea, shortness of breath, constipation, abdominal pain, bloody stools, acid reflux, gas and bloating, urinary frequency, urgency, difficulty urination, depression, anxiety, issues of stress, thoughts of self-harm, mood swings and anger. On exam there was back and neck pain, joint pain and stiffness, muscle spasms and weakness. The lumbar range of motion was limited. There were positives results for Sacroiliac joint compression test and slump test. There was gait impairment with cane use. The provider noted the injured worker is motivated to improve that would allow improvement in interpersonal skills and strength to control the pain in lieu of pain medication. The goal was to reduce pain medications by 30% and to bring the case to maximum medical improvement and resolution. The Utilization Review on

9-24-2015 determined non-certification for 15 day trial of functional restoration program (FRP) 3 x week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 day trial of functional restoration program (FRP) 3 x week for 5 weeks: 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: MTUS 2009 states that a functional restoration program is an option to treat chronic pain. There are numerous negative predictors of success including length of disability and psychiatric comorbidity according to the guidelines. The psychiatric evaluation conducted as part of the qualified medical exam describes significant psychosomatoform distress which is a barrier to success from participation in a functional restoration program. The evaluation by the psychiatrist associated with the functional restoration program finds the patient suitable for participation. However, his examination does not address the issues described by the examination by the independent medical evaluator. Based on the presence of significant psychiatric comorbidities as well as the extended length of disability which are significant negative predictors of success, this request for participation in the functional restoration program is not medically necessary. This patient does not meet MTUS 2009 criteria for participation in a functional restoration program. The request is not medically necessary.