

Case Number:	CM15-0195357		
Date Assigned:	10/09/2015	Date of Injury:	03/04/2014
Decision Date:	11/19/2015	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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 3-04-2014. The injured worker was diagnosed as having right sacroiliac joint dysfunction, chronic intractable pain, coccydynia, lumbar radiculopathy, facet arthropathy L4-S1, disc degeneration L5-S1, and lumbar strain. Treatment to date has included diagnostics, physiotherapy, acupuncture, selective nerve root blocks at L5 and S1 bilaterally, facet blocks at L4-5 and L5-S1, right sacroiliac joint block, and medications. Currently, the injured worker complains of right sided low back pain radiating into the bilateral buttocks, with hip pain down the right posterior thigh, through the calf. Symptoms were rated 5 out of 10 with medication and 9 of 10 without. She reported impact on her activities of daily living and current physical capacity insufficient to pursue work, family, or recreational needs. Current medications included Anaprox and Norco. The Multidisciplinary Initial Evaluation Functional Restoration Program report (8-28-2015) noted completion of a comprehensive medical, musculoskeletal, and psychological evaluation. Medical evaluation noted she "exhausted all conservative measures now to date" and was "no longer a surgical candidate". Musculoskeletal exam noted "secondary physical deconditioning due to disuse or fear-avoidance of physical activity due to pain". Exam of the cervical spine and upper extremities noted decreased sensation over the right C4-T1 dermatomes, decreased range of motion, and bilateral shoulder abduction strength 4 of 5. Exam of the lumbar spine and lower extremities showed decreased sensation in the right L3-S1 distribution, decreased range of motion, and strength 4 of 5 in bilateral hip flexion, bilateral knee flexion and extension, and right ankle dorsiflexion. Psychological evaluation noted diagnostics testing noted scoring put her in

the "average range for chronic pain patients for depression, anxiety and somatization", noting Global Assessment of Functioning score 65, with a range of 60-70. The conclusion was that she was an optimal candidate for a Functional Restoration Program. The treatment plan included 54 hours of Functional Restoration Program (2 part time weeks), non-certified by Utilization Review on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

54 Hours of FRP (2 Part-Time Weeks) x 54: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 54 hours of FRP (functional restoration program) two part-time weeks x 54 is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are right sacroiliac joint dysfunction; chronic intractable pain; coccydynia; lumbar radiculopathy; facet arthropathy L4 - S1; disc degeneration L5 - S1 and lumbar strain. The date of injury is March 4, 2014. Request for authorization is August 6, 2015. According to an August 28, 2015 initial evaluation for functional restoration program, subjective complaints include ongoing low back pain and bilateral lower extremity pain. The injured worker received conservative care including medications, physical therapy, acupuncture, chiropractic treatment and selective nerve root blocks. The negative predictors of success include

high levels of psychosocial distress and pretreatment levels of pain. The documentation indicates there are some psychosocial barriers that have prevented the injured worker's function and recovery after the initial incident. Documentation further states the injured worker's physical and psychological impairments will be better addressed by a functional restoration program. There is no psychological evaluation or treatment documented in the medical record that addressed the chronic pain issues (during the initial conservative treatment phase). The documentation goes on further to describe anxiety, fear avoidance and depression with sleep disorder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no psychological evaluation or workup for treatment to address the psychosocial issues (negative predictors) as part of the initial conservative regimen, and documentation indicating there are psychosocial barriers that have prevented the injured worker's function and recovery (not addressed during the initial conservative period), 54 hours of FRP (functional restoration program) two part-time weeks x 54 is not medically necessary.