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| Case Number: | CM15-0197995 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 03/18/2008 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 3-18-08. The injured worker was diagnosed as having lumbar neuritis or radiculitis; sciatica' chronic pain syndrome' adjustment disorder with depressed mood; abnormality of gait. Treatment to date has included physical therapy; lumbar-caudal epidural steroid injections; TENs Unit; medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker presents for a follow-up visit with regards to her injuries. Her chief complaint on this date is her knee pain. The provider documents "presents with ongoing pain in the knee. It radiates into foot. The patient describes her pain as sharp, stabbing, aching, throbbing and radiating. She rates her pain 6 out of 10. It is exacerbated by bending, driving, moving from sitting to standing, taking stairs and walking and relieved by lying down, medicines, ice and TENS unit. Associated symptoms include numbness, swelling, and weakness. The patient reports difficulty sleeping due to pain and spasms. The patient feels that her relationships with other people have been affected by her pain due to irritability, withdrawal and depression. Overall, the patient reports that her symptoms have since her last visit gotten worse." (This portion of the provider documentation does not identify which knee is problematic.) The provider notes the injured worker is unable to complete or requires assistance to complete: cleaning, cooking, dressing and grooming. Her current medications listed: Norco 10-325mg one every 6 hours as needed for pain. The provider documents a physical examination noting: No warmth over the joints noted. No erythema noted over the joints. No crepitus noted in the joints, tenderness to palpation in the pes Anserinus bursa bilaterally. Circumference: 33.5cm left calf, 36cm right calf. Dense left foot drop. Range of

motion: Knees-flexion Left 80 degrees, extension left +30 degrees. Manual Motor Strength Testing: left knee extension 3 out of 5 and right knee extension is 4+ out of 5. Left ankle dorsiflexion could not be measured due to limited range of motion. Right ankle dorsiflexion is 3 out of 5. Paresthesia to light touch noted in medial and lateral left leg, lateral right leg. Patellar reflexes are + bilaterally; Achilles tendon reflexes are + bilaterally. Special tests: SI joint compression test positive; McMurry's test positive on the right-Patellar compression test positive on the right, Neurological Slump test positive bilaterally. The provider notes she is scheduled for an upcoming gall bladder surgery. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 10-2-15 and non-certification for Functional restoration program, 15 day trial. A request for authorization has been received for Functional restoration program, 15 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 15 day trial: 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).

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, Chronic pain programs (functional restoration programs).

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case there is no documentation that the patient is motivated to change. In addition the requested 15 visits surpass the trial of 2 weeks to determine efficacy of the program. The request is not medically necessary.