

Case Number:	CM15-0198262		
Date Assigned:	10/13/2015	Date of Injury:	02/04/2014
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
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: 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 59 year old female, who sustained an industrial injury on 2-04-2014. The injured worker is being treated for spondylolisthesis at L4-5 and L5-S1, severe foraminal stenosis L4-5 and L5-S1, radiculopathy and radiculitis. Treatment to date has included diagnostics, a functional restoration program, medications, bracing, 2 lumbar epidural steroid injections, caudal epidural steroid injection (1-13-2015), 18 sessions of "primarily chiropractic and some physical therapy," home exercise and heat therapy. Per the Consultation Report dated 4-27-2015, the injured worker reported lower back pain and bilateral lower extremity numbness. Her lumbosacral radicular pain was rated as 0-7 out of 10. Objective findings included limited range of motion of the lumbar spine with tenderness to palpation over the right L4-5 and L5-S1. The notes from the provider do not document efficacy of the prescribed medications. Work status was per the primary treating physician. The plan of care included, and authorization was requested for functional restoration program (27 hours per week for 6 weeks). On 8-27-2015, Utilization Review non-certified the request for functional restoration program (27 hours per week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 27 hours weekly for 6 weeks, 162 hours: 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): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS 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. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the medical records note that the injured worker has participated in a functional restoration program and the request for exceeding the MTUS guidelines is not supported. The medical records do not establish that the injured worker is unable to utilize exercises and techniques learned during past sessions independently to maintain gains obtained during prior treatment. The request for Functional restoration program, 27 hours weekly for 6 weeks, 162 hours is not medically necessary and appropriate.