MAXIMUS Federal Services

Case Number:	CM15-0199838		
Date Assigned:	10/15/2015	Date of Injury:	07/04/2014
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old female who sustained an industrial injury on 07-04-2014. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain, lumbar discogenic pain and lumbar radiculitis. According to the multi-disciplinarian progress report on 08-18-2015 and 08-31-2015 through 09-03-2015, the injured worker attended and participated in activities as requested. Her overall emotional distress remained stable with a perceived stress scale remaining in the normal elevation range. Historic behavior (noted as excessive attention to pain symptoms) had decreased somewhat with psychological and physical therapy addressing issues on a one to one basis. Her locus of control has increased but remains below goal reflecting her perception and ability to control pain has increased with more progress needed to independently manage her pain particularly with flare-ups. Range of motion and strength objectives have improved but significant de-conditioning were presenting challenges. Electrodiagnostic studies performed on 03-19-2015 with official reports were included in the review. Prior treatments have included diagnostic testing, physical therapy, home exercise program and medications. No current medications were reported. Treatment plan consists of an additional 14 days of the functional restoration program (FRP). On 09-11-2015 the Utilization Review determined the request for Functional restoration program (FRP) for 14 additional days was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP), 14 days: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2014 when she slipped while dropping boxes in a field to cover plant seeds. In June 2015 treatments had included nine sessions of physical therapy, massage, electrical stimulation, medications, and she was performing a home exercise program. She wanted to return to work. Surgery was not considered an option. No opioid medications were being prescribed. She participated in a functional restoration program and completed 16 days of treatment as of 09/03/15 with treatments provided 4 days per week. She had a materials handling capacity of up to 5 pounds occasionally. She had a sitting tolerance of up to 45 minutes and standing tolerance of 15 minutes. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, after four weeks of treatment the claimant has less than a sedentary work capacity. There is no defined return to work plan. Reducing opioid medication use does not apply. The requested number of additional sessions is not medically necessary.