

Case Number:	CM15-0199870		
Date Assigned:	10/15/2015	Date of Injury:	06/13/2013
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
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: 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 54-year-old male, who sustained an industrial injury on June 13, 2013, incurring low back injuries. She was diagnosed with multilevel degenerative disc disease, disc bulging, lower extremity radiculopathy and lumbar spondylosis. Treatment included physical therapy, acupuncture, bracing, pain medications, muscle relaxants, psychological therapy, Cognitive Behavioral Therapy, and activity restrictions. Currently, the injured worker complained of persistent low back pain with weakness of the lower extremities and numbness into the buttocks. She rated her pain 8 out of 10 on a pain scale from 0 to 10. The pain was aggravated with prolonged standing and walking. She noted her activities of daily living and quality of life were being affected. She reported decreased pain levels with the use of medications. The treatment plan that was requested for authorization included a Functional Restoration Program. On September 28, 2015, a request for a Functional Restoration Program was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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, functional restoration program 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 continued 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 lumbar disc displacement without myelopathy; lumbar or lumbosacral disc degeneration; brachial neuritis or radiculitis NOS; lumbago; and chronic pain syndrome. Date of injury is June 13, 2013. Request for authorization is July 21, 2015. According to an August 18, 2015 progress note, the documentation indicates the injured worker has not completed conservative treatment and workup. Cognitive behavioral therapy six sessions were approved, but not yet rendered to the injured worker. The treating provider appealed a recent MRI lumbar spine (not yet performed). The treating provider requested a lumbar epidural steroid injection (not yet performed). On September 16, 2015, an appeal for the epidural steroid injection was still pending. Approximately 2 weeks later, the treating provider requested a functional capacity initial evaluation (in the progress note documentation). The request for authorization contains a request for a functional restoration program. Subjectively, the injured worker has low back pain 8/10 with difficulty with sleep, depression and anxiety. Objectively, there was lumbar decreased range of motion and tenderness to palpation. The documentation indicates the treating provider has not completed conservative management and additional workup. A functional restoration program evaluation is premature at this time. Additionally, the progress note documentation does not match up with the request for authorization. The former reflects a request for a functional restoration program evaluation and the latter a functional restoration program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the treating providers work up and treatment have not yet been completed with pending MRI, lumbar epidural steroid injections and ongoing cognitive behavioral therapy (approved, but not yet rendered), functional restoration program is not medically necessary.