MAXIMUS Federal Services

Case Number:	CM15-0201671		
Date Assigned:	10/16/2015	Date of Injury:	10/23/2012
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial-work injury on 10-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar intervertebral disc disorder, lumbar Herniated Nucleus Pulposus (HNP) and lumbar radiculopathy. Treatment to date has included pain medication, Norco, Mobic, Baclofen, Quetiapine, Bupropion, (hydroxyzine and Lyrica were recently discontinued due to side effects), epidural steroid injection (ESI) without good relief, diagnostics, failed trial of physical therapy, acupuncture, Functional Restoration Program for 6 weeks attended to date and psyche care. The physician indicates that Magnetic Resonance Imaging (MRI) of the lumbar spine reveals evidence of annular teas, grade I lumbar retrolisthesis with annular tear. The physician indicates that an electromyography (EMG) shows evidence of right L5 and possible left S1 radiculopathies. Per the treating physician report dated 8-5-15 the injured worker has not returned to work. Medical records dated 9-16-15 indicate that the injured worker has been progressing extremely well and has finished 6 weeks in the Functional Restoration Program. He complains of occasional muscle spasms. The physician notes that he has lost weight and is more mobile. He continues to state that the pain is 8 out of 10 on the pain scale, but his plank which was 2 seconds with poor positioning on the initial evaluation date 7-27-15 is now 1 minute 40 seconds. He has been learning body mechanics and lifting techniques. He was able to initially lift only 15 pounds times 2 reps from floor to waist, he is now able to tolerate lifting floor to waist 32.5 pounds times 3. However, he still has low back pain that radiates to the right lower extremity (RLE). The physician indicates that he would like 2 additional weeks of the Functional

Restoration Program as he still has goals to meet. The physician indicates he would like him to increase upper, mid and low back extensors to 15 reps with 5 pound weights, increase partial sit ups 40 reps, increase plank to 2 minutes, increase stabilization level to mid-level III. He also indicates that he would like him to be able to do at least moderate lifting of 50 to 60 pounds comfortably and safely from floor to waist and waist to shoulder. The physical exam reveals lumbar forward flexion is 30 degrees; extension is 10 degrees with pain at end range, and positive sitting straight leg raise on the right. The requested service included Functional restoration program times 10 units. The original Utilization review dated 9-28-15 non-certified the request for Functional restoration program times 10 units as 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 times 10 units: 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 rationale: The patient presents with pain affecting the low back. The current request is for Functional restoration program 10 units. The treating physician report dated 7/16/15 (51B) states, "Reports he will start FRP on 7/22/15." The UR report dated 9/25/15 (15A) states, "the claimants had finished 6 weeks of a functional restoration program." The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. In this patient, the evaluation does not discuss the patient's motivation to change and there are no discussion regarding the negative factors. MTUS also states that up to 80 hours or 2 week course is recommended first before allowing up to 160hours when significant improvement has been demonstrated. Without these discussions, MTUS does not support functional restoration programs. Furthermore, the patient has participated in at least 6 weeks of a functional restoration program previously and there is no documentation of functional improvement that would warrant the current request for additional hours. The current request is not medically necessary.