

Case Number:	CM15-0202270		
Date Assigned:	10/19/2015	Date of Injury:	06/14/2006
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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 48 year old male who sustained an industrial injury June 14, 2006. Past history included status post fracture T7 with titanium rod placement and diabetes. On April 2, 2015, the injured worker underwent a left T7-T9 transforaminal epidural steroid injection. On August 18, 2015, the injured worker underwent a left T5-T8 transforaminal epidural steroid injection. A previous office visits physician's notes dated July 16, 2015 noted sensory examination revealed mild T5-T8 dermatomes hyperalgesia on the left; Tinel's positive on the left. According to an occupational follow-up visit dated September 17, 2015, the injured worker presented for a re-evaluation with complaints of increasing back pain. The pain is located in the thoracic spine, the site of the fracture. He reported bilateral lower extremity weakness, with tripping, falling, even to the ground. Current medication included Cymbalta and Amitiza. Physical examination revealed; 5'10" and 270 pounds. The rest of the physical examination is not present, only pages 4 and 5 of 5. Diagnosis is documented as chronic back pain. Treatment plan included and at issue, a request for authorization for a [REDACTED] Program (functional restoration program). According to Thoracic Spine 2 views x-ray dated July 17, 2015, (report present in the medical record) impression; status post previous post-surgical changes of the thoracic spine, and left ribs, with metallic density hardware of the thoracic spine, as described without otherwise acute bony abnormality of the spine. According to utilization review dated October 7, 2015, the request for [REDACTED] (Functional Restoration Program) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ (FRP 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 thoracic fracture; and chronic back pain. Date of injury is June 14, 2006. Request for authorization is September 30, 2015. According to a September 17, 2015 progress note, subjective complaints include increased back pain. The injured worker has a history of thoracic fractures. There are complaints of lower extremity weakness with tripping and falling. Objectively, there was no tenderness in the lumbar spine. There was tenderness to palpation at the thoracic paraspinal muscles. There is no neurologic evaluation in the medical record to assess lower extremity (subjective weakness). There is negative straight leg raising. The treating provider is requesting a less expensive functional restoration program ██████████. The number of hours per week are not documented, but the request includes a 20-week program. There is no functional restoration program evaluation. There is no documentation indicating a motivation to change and a willingness to change the medication regimen. There is no documentation the injured worker is aware that successful treatment may change compensation and or other secondary gains. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no significant objective findings on physical examination, no neurologic evaluation, no documentation indicating motivation to change or a willingness to change medications, no documentation of negative predictors and no documentation of a functional restoration program evaluation, ██████████ (functional restoration program) is not medically necessary.