

Case Number:	CM15-0203640		
Date Assigned:	10/20/2015	Date of Injury:	04/17/2014
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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 47 year old, male who sustained a work related injury on 4-17-14. A review of the medical records shows he is being treated for neck, back and right knee pain. In the [REDACTED] Functional Restoration Program notes dated 9-11-15, the injured worker reports neck, back and right knee pain. He has right sided neck pain that radiates into the right trapezius. He reports ongoing lower back pain. He continues to receive significant benefits from both the physical therapy and cognitive behavioral portions of the program. On physical exam dated 9-11-15, he has improved cervical and lumbar range of motion. He has improved strength in his left arm and right hip. He has improved functional capabilities in physical activities. He is increasing his functional abilities in his neck, upper back, lower back and right knee. He is increasing his ability to cope with and manage symptoms of chronic pain as well as psychological comorbidities to his pain disorder; optimizing his pain medication utilization; and helping him to develop a plan for increased engagement in his community. He reports progress in weight loss, less anxiety, more patience, exercising more, more acceptance, leaving the house more, interacting more with program peers, and more positive thinking. Treatments have included physical therapy prior to program, medications, and completion of the functional restoration program. Current medications include-not listed. He is currently not working. The treatment plan includes a request for additional hours in the functional restoration program. The Request for Authorization dated 9-14-15 has a request for additional hours of the functional restoration program. In the Utilization Review dated 10-2-15, the requested treatment of functional restoration program aftercare x 6 is 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 Aftercare x6: Upheld

Claims Administrator 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, Pain Chapter, Online Version, Chronic pain programs.

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 aftercare times six 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; there 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 cervical spondylosis without myelopathy; thoracic spondylosis; lumbosacral spondylosis; and pain in joint lower leg. The date of injury is April 17, 2014. Request for authorization is September 30, 2015. A functional restoration program (80 hours) was approved June 18, 2015. A second 80 hours of the functional restoration program was noncertified on September 8, 2015. There was marginal objective functional improvement and no adjustment of ongoing medications. An appeal was filed by the treating provider for the additional 80 hours. The second 80 hours was ultimately certified and the injured worker completed 160-hour functional restoration program. The injured worker completed successfully the functional restoration program on September 18, 2015. There is no progress note documentation containing compelling clinical facts in the medical record indicating additional aftercare was clinically indicated. According to the utilization review, the injured worker should

be well-versed in the techniques and coping mechanisms learned during the functional restoration program to engage in these mechanisms without the use of an aftercare program. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, and no documentation with a clinical indication, rationale for compelling clinical facts of an aftercare program, functional restoration program aftercare times six is not medically necessary.