

Case Number:	CM15-0204650		
Date Assigned:	10/21/2015	Date of Injury:	11/20/1994
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 was a 65 year old female, who sustained an industrial injury, November 20, 1994. The injured worker was undergoing treatment for stroke affecting the left side, chronic pain syndrome, opioid type dependence in remission, somatization disorder, late effects of cerebrovascular disease, central mediate pain and lumbago. According to progress note of September 23, 2015, the injured worker's chief complaint was pain management for the lower back. The pain was described as frequent moderately severe throbbing pain associated with a numbness sensation of the left lower extremity. The pain was aggravated by sitting, walking while taking pain pills caused a reduction of the low back pain. The injured worker reported the development of bilateral knee pain. The pain was described as frequent moderately severe achy pain. The pain was made worse by lying on the left side and made better with pain medications. The pain was rated at 7 out of 10. The physical exam noted the gait was normal. The neck inspection was normal with decreased sensory to the left extremities the right were normal. The lumbar flexion and extension were normal. The left and right lateral flexion was limited. The straight leg raises were positive on the left. The reflexes of the left and right Achilles were absent. The injured worker previously received the following treatments occupational therapy had helped in the past, steroid injection in the left knee 2006, Soma, Neurontin, Norco and Mobic. The RFA (request for authorization) dated September 30, 2015, the following treatments were requested a functional restoration program evaluation. The UR (utilization review board) denied certification on October 6, 2015 for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation, QTY: 1.00: 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: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic 1994 injury as the patient has remained functionally unchanged, on chronic opioid medication with diagnosis of opioid type dependence without functional improvement from extensive treatments already rendered or demonstrated motivation to return to any modified work. There is also no psychological evaluation documenting necessity for functional restoration program or discussion of low probability of positive outcome from this injury past 21 years. The Functional restoration program evaluation, QTY: 1.00 is not medically necessary and appropriate.