

Case Number:	CM15-0204994		
Date Assigned:	10/21/2015	Date of Injury:	07/26/2012
Decision Date:	12/10/2015	UR Denial Date:	10/03/2015
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 is a 45 year old male with a date of injury on 07-26-2012. The injured worker is undergoing treatment for low back injury, degeneration of lumbar intervertebral disc, and lumbar post-laminectomy syndrome. A physician progress note dated 07-21-2015 documents the injured worker has exacerbated her pain by gardening. She wakes up with bilateral feet and lower extremity cramping. She rates her pain today as 3-4 out of 10. Her sleep is on and off. She uses Advil and Tylenol for pain. She has a normal gait and posture. Straight leg raising is positive on the right. She is living with chronic pain. A physician progress note dated 09-28-2015 (total contact hours 114 of FRP) documents the injured worker has less pain, is more active, more flexible, exercising more and has more physical endurance. She is physically stronger, has better activity pacing and better body mechanics. She is taking fewer medications and sleeping better. She is leaving the house more and doing more at home. She has increased all of her physical activities from week one to this week-week 4. Grip strength, walking time, weights, push and pull, floor to waist, waist to shoulder, and shoulder to overhead have all increased. She has increased family and social interaction. She is using physical strategies to manage pain and stress and following psychological strategies to manage pain and stress. She was able to minimize her use of medications this week by using active self-management techniques in lieu of medications. Her medications were significantly decreased prior to starting the FRP and with increased activity her medications have remained the same and no additional meds were added. Treatment to date has included diagnostic studies, medications, lumbar left L4-5 transforaminal epidural steroid injection, and left S1 transforaminal epidural injection, use of a Transcutaneous Electrical Nerve Stimulation unit, and 4 weeks of FRP.

An unofficial Magnetic Resonance Imaging of the lumbar spine revealed multilevel discogenic degenerative changes including central posterior annulus tear at L4-5, and small posterior disc protrusion at L4-5 and L5-S1. The Request for Authorization dated 09-25-2015 includes additional 2 weeks of the Functional Restoration Program. On 10-03-2015 Utilization Review non-certified the request for Additional 2 weeks of functional restoration program (days) Qty: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of functional restoration program (days) qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with worsening low back pain rated 3/10 today and rated 8/10 at its worst. The treater has asked for Additional 2 weeks of functional restoration program (days) qty: 10 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 9/25/15 are psychic factors associated with diseases classified elsewhere, lumbar degenerative disc disease, lumbar post laminectomy syndrome, other injury of other sites of trunk. The patient is s/p spinal surgery L5-S1 from 2013 per 8/18/15 report. The patient has a history of anxiety, insomnia, hyperthyroid problems, and pneumonia per 8/18/15 report. The patient has had some flare-ups of back pain multiple times in the past month per 8/18/15 report. The patient is currently in the 3rd week of a functional restoration program for a total of 84 hours as of 9/25/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Functional Restoration Programs (FRPs) section, pg. 49 recommends the program 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 guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. "The patient is s/p 3 weeks (84 hours) of functional restoration program as of 9/25/15 report. The current request is for 10 more sessions (2 weeks) of additional functional restoration program. After 3 weeks of functional restoration program, the patient's is able to lift a heavier weight in

the following 5 activities: from floor to waist, waist to shoulder, single hand carry, double hand carry, and push and pull (increases of 1, 1, 2, 4, and 10 pounds, respectively), but her shoulder to overhead carrying, walking speed, and walking time have stayed the same. MTUS recommends not more than 20 sessions of FRP in most cases but states that "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." In this case, the requesting provider has not provided an adequate discussion of what is to be achieved by regular follow-ups with the associated functional restoration program, as required by MTUS. It is not clear why this patient would be unable to continue with the functional gains already obtained, or why additional follow-up visits are necessary to consolidate improvements. Therefore, the request IS NOT medically necessary.