MAXIMUS Federal Services

Case Number:	CM15-0206001		
Date Assigned:	10/22/2015	Date of Injury:	12/11/2003
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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 55 year old male who sustained an industrial injury on 12-11-2003. According to a progress report dated 08-17-2015, the injured worker had completed an evaluation for a Functional Restoration Program. Current medications included Methadone 10 mg one tablet five times a day. He went to see his primary care physician due to his knee giving out on him a couple of weeks ago. He was given a prescription for two weeks' worth of Norco 50-325 mg by his primary care physician. He was no longer taking the Norco and was back on the Methadone. He was waiting for authorization for the Functional Restoration Program. Objective findings included slow ambulation and antalgic gait. He used a straight cane and had a short stride. There was marked tenderness on palpation to his lumbar paraspinals and to his right knee anteriorly and at the medial joint line. Motor strength in the upper extremity was 5 out of 5 proximal and distal and lower extremity was 5 out of 5 proximal and distal. Homan's sign was negative. There was no leg swelling. There was no calf tenderness. Impression was noted as chronic intractable low back pain secondary to lumbosacral degenerative disc disease, chronic right knee pain secondary to osteoarthritis, gait dysfunction, opioid dependence, chronic pain syndrome, severe neuropathic pain and multiple falls. The injured worker's goal was to wean off his Methadone. The provider discussed with him using a short-acting pain medication and eventually switching to Buprenorphine treatment. Follow up was indicated in one month. According to a progress report dated 10-13-2015, the injured worker was paying out of pocket for 60 tabs of Methadone. Insurance was covering 90 tabs. Pain was progressively worsening over the past few months and his function was less.

Mood was more sad. The injured worker's son reported that that the injured worker appeared uncomfortable and grimaced in pain between medication doses. His right lower extremity would buckle and he sometimes would suddenly fall. He was going to a family physician for workup of headache with neck pain and occasional shortness of breath. The treatment plan included x-rays of the right knee and ankle due to worsening pain and function, risk management and authorization for Methadone. The provider recommended holding off on evaluation for the Functional Restoration Program. On 10-14-2015, Utilization Review non-certified the request for Functional Restoration Program, outpatient based individualized and integrated FRP using biopsychosocial 20 days plus 6 monthly follow ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, outpatient based individualized and integrated FRP using biopsychosocial 20 days plus 6 monthly follow ups: Overturned

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 current request is for a functional restoration program, outpatient based individualized and integrated FRP using biopsychosocial 20 days plus 6 monthly follow-ups. Treatment history include right ankle surgery (07/06/04), physical therapy, medications, ankle injections, and ankle brace. The patient's work status was not addressed. 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 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. According to a progress report dated 10/13/15, the patient's pain is progressively worsening over the past few months and his function has decreased. His right lower extremity would buckle and he sometimes would suddenly fall. The treater states that the patient would benefit from a multidisciplinary approach with psych to help with coping with his pain and loss of function. The current request is for a Functional Restoration Program using biopsychosocial for 20 days plus 6 monthly follow ups. Report 08/19/15 states that the request is for a 20-day part time program. The guidelines specifically state that functional restoration programs are recommended for patients with "chronic disabling, occupational and musculoskeletal

condition." MTUS guidelines recommend functional restoration programs when all 6 criteria are met. An Interdisciplinary evaluation was completed on 08/19/15, which states that the patient is a good candidate for a functional restoration program. In this case, the medical records do document that an adequate and thorough evaluation has been made. The patient has exhausted conservative care, and is not a candidate for surgery. Negative predictors of success have been addressed, and the patient has expressed a desire to get better. The patient meets all the criteria for participating in a Functional Restoration Program, and the treater's request for a 20-day part-time program is within the allowed duration set forth by MTUS. Therefore, the request is medically necessary.