MAXIMUS Federal Services

Case Number:	CM15-0207852		
Date Assigned:	10/26/2015	Date of Injury:	05/28/2014
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/22/2015

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 31 year old male who sustained an industrial injury on 5-28-14. The injured worker reported headaches, jaw, neck, low back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical stenosis, thoracic and cervical strain. Medical records dated 10-19-15 indicate pain rated at 4 out of 10 Provider documentation dated 10-17-15 noted the work status as temporarily partially disabled. Treatment has included electromyography and nerve conduction velocity study (March 2015), cervical and lumbar spine magnetic resonance imaging (April 2015), stretching and exercise. Objective findings dated 10-19-15 were notable for tenderness to palpation to the lumbar paravertebral and negative straight leg raise bilaterally. The original utilization review (9-21-15) denied a request for Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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. Treatment has included electromyography and nerve conduction velocity study, cervical and lumbar spine magnetic resonance imaging, physical therapy, NSAID, stretching and exercise. The patient is temporarily partially disabled. 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. Per report 10/19/15, the patient presents with constant low back pain, and complaints of dizziness and headaches. The treater states that the patient is pending a functional restoration program evaluation. The patient is to continue with conservative treatments including home stretching and exercises. The treater states that the patient is a good candidate for the FRP; however, in reviewing a report by [redacted] from 09/14/15, [redacted] may be a surgical candidate; however, good results are commonly not achieved post surgically for an individual who is depressed. It was further noted that [redacted] may wish to refer [redacted] to a pain management specialist who can provide various injections for the lumbar spine in an effort to decrease his symptomatology and increase his functioning. MTUS guidelines recommend functional restoration programs when all 6 criteria are met. In this case, the patient is a surgical candidate and has not exhausted conservative measures. The patient is taking over the counter NSAID, and not using other forms of medication to help reduce pain. In addition, the patient has not seen a pain specialist or tried injections. MTUS specifically states that all criteria need to be met to consider participation in a FRP, including (4) not a candidate for surgery or other treatments would clearly be. Therefore, this request IS NOT medically necessary.