

Case Number:	CM15-0208506		
Date Assigned:	10/27/2015	Date of Injury:	09/04/2014
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
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, Hawaii
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 63-year-old female with an industrial injury date of 09-04-2014. Medical record review indicates she is being treated for lumbar 3-sacral 1 facet arthropathy. Subjective complaints (09-08-2015) included lower lumbar spine pain radiating around the flanks and down the lower extremity rated as 8 out of 10 with medications. Work status is temporarily partially disabled - modified duty. The treating physician noted the injured worker reported secondary physical deconditioning due to disuse and or fear-avoidance of physical activity due to pain. The injured worker reported that her symptoms of pain have negatively affected her ability to perform his activities of daily living. "Current physical capacity is insufficient to pursue work, family or recreational needs." The treating physician noted the injured worker was no longer a surgical candidate and had exhausted all of her conservative care. Her medications included Anaprox DS, Norco and Fexmid. Prior treatment included chiropractic therapy, acupuncture and facet blocks. Physical examination (09-24-2015) noted the injured worker had a normal gait and a normal heel-toe swing-through gait with no evidence of limp. There was no palpable tenderness of the paravertebral muscles, no evidence of tenderness over the sacroiliac joints and no tenderness over the coccyx. Sensation was decreased over the right lumbar 3 and lumbar 5 dermatome distribution. On 09-24-2015 the request for functional restoration program (54 hours, 2 part time weeks of 27 hours per week) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (54 Hours, 2 Part Time Weeks of 27 hours per week):
Overturned

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

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

Decision rationale: The patient presents with lower lumbar spine pain, which radiates around to the flanks and down the right lower extremity. The current request is for Functional Restoration Program (54 hours, 2 part-time weeks of 27 hours per week). The treating physician's report dated 09/08/2015 (2B) states, "We continue to recommend that the patient be approved for the requested functional restoration program." The functional restoration program evaluation report dated 08/28/2015 (6B) notes, "According to the available medical records, patient has received extensive conservative treatment without significant improvement. At this point, there is an absence of other options likely to result in significant clinical improvement. The patient fits no negative predictors of success, including no negative relationship with her employer; she does not have a negative outlook upon future employment, although she is concerned and anxious about it. She has chronic back pain, and is motivated to participate in the program and forego any financial gains based upon her improvement. We also consider that there are some psychosocial barriers that have prevented patient's function and recovery after the initial incident. As a result, we consider that patient's physical and psychological impairments will be better addressed by a functional restoration program. From a medical stand point there are no contraindications for this patient to participate in a functional restoration program and she is an optimal candidate." The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The MTUS guidelines page 30 - 33 on chronic pain programs (functional restoration programs) states, "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the physician has addressed all the required criteria based on the MTUS Guidelines for admission into a Functional Restoration Program. The current request is medically necessary.