

Case Number:	CM15-0020812		
Date Assigned:	02/10/2015	Date of Injury:	08/09/2013
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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:

This 40 year old male sustained an industrial injury on 8/9/13. He subsequently reports chronic low back pain. Diagnoses include lumbar radiculitis and cervicgia. Prior diagnostic testing includes a lumbar MRI, a CT of the head, an EEG and x-rays. The injured worker has completed several weeks of a Functional Restoration Program. On 1/28/15, Utilization Review non-certified the request for Twelve (12) days of Functional Restoration Program. The Twelve (12) days of Functional Restoration Program was denied based on MTUS, ACOEM and Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) days of Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: Based on the 01/09/15 progress report provided by treating physician, the patient presents with chronic low back pain rated 7/10 with tingling and weakness in the bilateral lower extremities. The request is for TWELVE (12) DAYS OF FUNCTIONAL RESTORATION PROGRAM. Patient's diagnosis per QME report dated 11/18/14 included mild cervical spondylosis, chronic myofascial upper back pain with referral headaches, mild to moderate lumbar spondylosis, and chronic L5 radiculopathy. Patient is status post scalp laceration, healed and and sprain of the right third digit, healed. Per treater report dated 10/08/14, per QME report dated 11/18/14, patient has had physical therapy and epidural steroid injection without improvement. Surgery was not recommended. Patient's medications included Tramadol and Naproxen. The patient is temporarily totally disabled until completion of the functional restoration program, per treater report dated 01/30/15. The MTUS guidelines pg. 49 recommends functional restoration programs 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." UR letter dated 01/28/15 states "objective functional improvement with the program regimen was not clearly documented it was also unclear if patient had reached the minimum physical demand level required for his work." Treater states in progress report dated 01/11/15 that the patient is "participating and progressing in all aspects of the program. He is showing better body mechanics while increasing his overall strength. He continues to learn new methods of pain control in the classroom." Treater continues to state the patient "is progressing well in the program. He continues with a positive attitude and is motivated to improve his condition. He is steadily progressing in strength and endurance. he continues to be open minded and willing to perform all exercises, activities, and tasks asked of him. He is independent in the gym with all his functional activities. This week he focused on dynamic balance with the possibility of returning to previous work in construction. He presents with increase in pacing awareness and is able to pace his activities and exercises appropriately to minimize pain flare ups. He is fully engaged in the gym and physical education classes and is quick to apply information learned from the program. Should [the patient] continue at this rate, it is likely he will increase in strength, endurance, and functional capacity as well as learn to independently manage his pain." Treater states in progress report dated 01/30/15 that "the patient has completed 20 days (100 hours) of the authorized 10 days (50 hours) of the functional restoration program. In order to avoid any lapse in treatment we are requesting authorization for 12 additional days (60 hours) of the functional restoration program." Per progress report dated 02/02/15, treater states "Please note this request is for the final 12 days of participation in the program which would bring the total number of hours in the program to 160, the minimum recommended by MTUS." The patient already started the program and treater has documented

that patient demonstrated significant improvement and progress with 100 hours. The request for additional 12 days (60 hours) to complete the 160 hours allowed by MTUS appears reasonable and in accordance with guideline recommendations. Therefore, the request IS medically necessary.