

Case Number:	CM15-0023955		
Date Assigned:	02/13/2015	Date of Injury:	03/05/2014
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 28 year old male, who sustained an industrial injury on March 5, 2014. He has reported low back pain and sleep difficulties. The diagnoses have included low back pain, myofascial pain, involving the right gluteal muscles, sacroiliac joint strain, lumbar spondylosis with disc bulge, lumbosacral radiculitis, depressed mood and obesity. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of low back pain and sleep difficulties. The injured worker reported an industrial injury in 2014, resulting in low back pain and sleep difficulties. Rehabilitation report on October 28, 2014, revealed continued complaints of pain and sleep difficulties. It was noted he was released to work after completing physical therapy however was unable to tolerate it. He expressed fear of becoming addicted to medications and did not want to explore surgery or epidural steroid injections. It was noted he had sinister beliefs of never being able to recover after being diagnosed with a bulging disc. It was noted H-wave therapy was beneficial however the request was denied. On January 29, 2015, Utilization Review non-certified a request for 20 additional 20 part-day sessions of functional restoration program for the lumbar spine as an outpatient, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested 20 additional 20 part-day sessions of functional restoration program for the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 additional 20 part-day sessions of functional restoration program for the lumbar spine as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration programs Page(s): 32.

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

Decision rationale: The patient presents with low back pain radiating to right lower extremity. The request is for 20 ADDITIONAL 20 PART DAY SESSIONS OF FUNCTIONAL RESTORATION PROGRAM FOR THE LUMBAR SPINE AS AN OUTPATIENT. The request for authorization was not provided. Patient notes weakness of his right leg. MRI of the lumbar spine 03/06/14 shows L2-3 mild DDD, and L4-5 BBDB, lat recess narrowing and mild central stenosis. Patient is using an H-Wave which reduces the pain from 6/10 to 3/10 for 8 hours. The patient failed PT and all other conservative treatments. Patient's medications include Ibuprofen, Flexeril, Lidopro and Terocin. The patient is temporarily totally disabled. MTUS guidelines page 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. 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 progress report dated 01/20/15, treater's reason for the request is "he can do better physically and emotionally if given more time." Patient has attended 20/20 part day sessions of authorized FRP from 12/16/14 to 01/19/15 for a total of 80 hours. Per progress report dated 01/20/15, treater states patient "continues to demonstrate high levels of motivation to improve." Treater's goals with the additional days will be to continue to work on reducing his pain medication reliance, as well as reducing his depression, anger and harm avoidance. The team will also continue to work on improving his nutrition. Furthermore, the team will also help patient achieve his goals of increasing all tolerances and increasing lifting capacity, and further solidify his FUMP so he is better able to independently manage his pain symptoms. The additional 20 part day sessions at 4 hours per sessions will be 80 hours for a total of 160 hours which is within MTUS guidelines. Therefore, the request IS medically necessary.