

Case Number:	CM15-0029437		
Date Assigned:	02/23/2015	Date of Injury:	04/17/2014
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: Internal Medicine

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 45-year-old female, who sustained an industrial injury on 04/17/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar facet syndrome and low back pain. Treatment to date has included facet injections, medication regimen, and physical therapy. In a progress note dated 01/29/2015 the treating provider reports sharp intermittent low back pain that is rated a five to seven out of ten. The treating physician requested Productivity Enhancement Program to help increase the injured worker's functionality and remove any barriers that may be delaying the injured worker's recovery. On 02/10/2015 Utilization Review non-certified the requested treatment for a Productivity Enhancement Program two times six, noting the California Medical Treatment Utilization Schedule, Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Productivity Enhancement Program 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The physician's progress report dated 1/29/15 documented the diagnoses of low back pain and lumbar facet syndrome. The patient had 100% relief for two weeks from the facet injections. Facet injections and radiofrequency ablation of the lumbar spine were considered. The Productivity Enhancement Program is a multi-disciplinary program. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: Previous methods of treating chronic pain have been unsuccessful. There is an absence of other options likely to result in significant clinical improvement. The patient is not a candidate where surgery or other treatments. The patient is willing to forgo secondary gains, including disability payments. The physician's progress report dated 1/29/15 documented that previous methods of treating chronic pain have been successful. There is not an absence of other options likely to result in significant clinical improvement. The patient is a candidate for other treatments. The patient does not meet all the MTUS criteria for a functional restoration program. Per MTUS, treatment is not suggested for longer than 2 weeks. The request for the Productivity Enhancement Program two times a week for 6 weeks is not supported by MTUS guidelines. Therefore, the request for a Productivity Enhancement Program is not medically necessary.