

Case Number:	CM15-0210533		
Date Assigned:	10/29/2015	Date of Injury:	05/06/2010
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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 46 year old female, who sustained an industrial injury on 5-6-2010. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, status post lumbar fusion lumbar 4-sacral 1, lumbar radiculopathy and cervicgia. A recent progress report dated 8-27-2015, reported the injured worker complained of neck pain, low back pain, episodes of falling, anxiety and depression. Physical examination revealed cervical tenderness to palpation with mild trapezius spasm and lumbosacral tenderness to palpation with moderate spasm. Functional assessment noted lifting and carrying were hampered due to postural instability. Treatment to date has included epidural steroid injection, physical therapy, acupuncture, surgery and medication trials. The physician is requesting Functional restoration program 10 days-50 hours. On 9-25-2015, the Utilization Review noncertified the request for Functional restoration program 10 days-50 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 10 days/50 hours: Upheld

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

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

Decision rationale: Review indicates the patient has a recent epidural steroid injection on 8/20/15; however, there is no report provided pertaining to any outcome. There is no report of failed outpatient physical therapy or previous attempt of modified work duties for this May 2010, past 5 years. Submitted reports have not presented any acute issues with unchanged clinical findings for this chronic injury. The patient has not shown any motivation for any change in work status and reports have no mention of specific functional limitations in ADLs or described any benefit with adequate response from previous therapy treatment rendered with further demonstrated need for this chronic injury with long-term ongoing treatment. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to improve work status without tapering of medication use. Additionally, there is no mention that all treatment options have been exhausted to support for the FRP for this chronic injury, passed 5 years with negative predictors for successful outcome. The Functional restoration program 10 days/50 hours is not medically necessary and appropriate.