

Case Number:	CM15-0213473		
Date Assigned:	11/03/2015	Date of Injury:	10/16/2009
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 10-16-09. The injured worker was diagnosed as having pain in lumbar spine. Treatment to date has included medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker reports "he's doing OK". On physical examination, the provider notes "some positive tenderness over the lumbar spine; limited range of motion due to pain in all planes today." He also notes "no evidence of aberrant behaviors; monitoring continues. At this time, it is my impression that this patient is benefiting (i.e. pain relief and improved function outweigh the side effects) from opiate therapy." Current medications are listed for this encounter as: acetaminophen-Hydrocodone (Norco) 10-325mg 1 tab every 6 hours PRC, Diclofenac 60mg 1 every 12 hours; Duloxetine (Cymbalta) 60mg 1 daily; Methsalsylate topical 1-2 patches to area every 12 hours and Tizanidine 4mg 1-2 tabs every 12 hours for spasms. The provider is requesting a Functional restoration program and has requested this program prior to this date of service. The notes on this date of service do not address any particular body part or recognize the injured worker is having pain issues for a particular body part with pain levels of intensity for which a functional restoration program could assist the injured worker on improving. The provider does include statements regarding prior denials of services requested by this provider. A PR-2 note dated 8-4-15 was then reviewed for additional medical documentation. The provider documents "Our patient provided information on the location of pain, average pain levels, worst pain levels, amount of pain relief with medications, activity level and side effects (of medications) in handwritten form which is scanned into the medical record. Please contact this office if that form

is needed for review." The rest of the provider's documentation is same to similar to the PR-2 note dated 9-9-15 as well as statements regarding prior denials of services requested by this provider. A PR-2 note dated 6-24-15 was same to similar in examination and medications. There is no "hand written form" of the injured workers documentation submitted for review. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-29-15 and non-certification for Functional restoration program admission. A request for authorization has been received for Functional restoration program admission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program admission: Upheld

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

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

Decision rationale: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. Negative predictors of success include: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the submitted medical records do not contain the information that would be needed to assess the need for functional restoration program. There is no documentation of any baseline functional testing or of specific goals for therapy. There is no documentation of any loss of the ability to function independently. The submitted records frequently reference that a functional restoration program has been

recommended and reference an opinion by a [REDACTED] but no records from [REDACTED] that address the criteria for a functional restoration program were submitted for my clinical review. The submitted documentation does not support the medical necessity of a functional restoration program and the request is not medically necessary.