

Case Number:	CM15-0213838		
Date Assigned:	11/04/2015	Date of Injury:	11/15/2013
Decision Date:	12/15/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	10/30/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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(n) 62 year old female, who sustained an industrial injury on 11-15-13. The injured worker was diagnosed as having lumbar degenerative disc disease, thoracic sprain and chronic pain syndrome. Subjective findings (6-24-15, 7-6-15 and 8-5-15) indicated mid and low back pain. The injured worker rated her pain 4-6 out of 10. The treating physician noted that the injured worker has tried and failed all modes of conservative treatments including extensive land based physical therapy, acupuncture and home exercise. Objective findings (6-24-15, 7-6-15 and 8-5-15) revealed tenderness to palpation over the levator scapulae and rhomboids, lumbar flexion is 40-60 degrees and extension is 20-30 degrees and tenderness to palpation over the bilateral lumbar paraspinal muscles with spasms. As of the Functional Restoration Program weekly progress note dated 9-11-15, the injured worker reports 6 out of 10 dull and aching pain in the mid and lower back. Objective findings include lumbar flexion is 40 degree, extension is 20 degrees and side bending is 30 degrees bilaterally. There is also tenderness to palpation over the bilateral lumbar paraspinal muscles with spasms. Treatment to date has included Hydrocodone, Cyclobenzaprine and Naproxen. The Utilization Review dated 10-29-15, non-certified the request for a functional restoration program x 80 additional hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 80 additional hours: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, Chronic Pain programs (functional restoration programs), pages 30-32, is recommended when patients have conditions that put them at risk for delayed recovery. In addition criteria includes "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." Criteria for the general use of multidisciplinary pain management programs: 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 (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. In this case the submitted documentation does not indicate that baseline functional testing has been performed, exhaustive pharmacotherapy has been attempted, or that the claimant exhibits motivation to change and is willing to forgo secondary gains. Therefore, the guidelines for this request have not been met and the determination is for non-certification. Therefore, the requested treatment is not medically necessary.