

Case Number:	CM15-0216872		
Date Assigned:	11/06/2015	Date of Injury:	07/07/2009
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male with an industrial injury date of 02-11-2003. Medical record review indicates he is being treated for chronic pain, lumbar disc displacement without myelopathy, pain in shoulder, pelvis and thigh joint. The injured worker presented on (09-25-2015) post completion of functional restoration program. The injured worker noted, "He did not find a significant reduction in his actual low back pain." "He is not currently working and does not feel he can return to work in any capacity." Objective findings (09-25-2015) included antalgic gait with use of a walker. There was pain with extension of 10 degrees, pain with facet joint loading and spasm and guarding of the lumbar spine. Medications included Pantoprazole-Protonix, Gabapentin, Naproxen, Buprenorphine, Tizanidine, Topical cream, Levothyroxine, Lisinopril, Flaxseed Oil, Asmanex Twist haler, Docusate Sodium, Libidostim, Nasonex, Proair HFA, Probiotic Pearls, Promethazine-Codeine Syrup, Tanalbit, Vitamin B 12, Vitamin C, Zinc, Cymbalta, Fenofibrate, Triamterene-Hydrochlorothiazide and Garcinia Cambogia. Prior treatment included lumbar epidural steroid injection, medications and functional restoration program. The discharge report (09-14-2015 - 09-18-2015) from functional restoration program documented the following: Maintained active participation in physical therapy despite intermittent exacerbations of painful symptoms and demonstrated improvements in his functional abilities. Improved his ability to relax and improve pain coping through cognitive behavioral interventions such as diaphragmatic breathing, guided imagery and cognitive restructuring. Tolerated maintenance of his medication regimen despite increasing activity levels. Became proficient in an individualized home exercise program designed to improve his functional

abilities in the left hip. Increased social contact and reduced social isolation through participation in group classes and therapy sessions. Developed his future plans including increased engagement in his community. On 10-5-2015 the request for [REDACTED] functional restoration program after care 6 sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional restoration program (FRP) aftercare 6 sessions: 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): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (Functional Restoration Programs).

Decision rationale: The claimant sustained a work injury in July 2009 when, while working as a mechanic, he tripped over a train power cord with injury to the left hip. He underwent bilateral total hip replacement surgery in 2011. He has back and hip pain. Treatments have included lumbar epidural injections with variable benefit. In 2012, he was not considered a surgical candidate for the lumbar spine and is ambivalent about undergoing a surgical procedure. He participated in a functional restoration program and completed six weeks of treatment on 09/18/15. There was good compliance with the program and he benefited greatly from the education that was provided. However, he did not find a significant reduction in his low back pain. He remained limited and was ambulating about 50 feet without a walker and had trouble with household activities. He was not working and has no return to work plan. Authorization is being requested for six aftercare sessions. Guideline suggestions for treatment after completion of a functional restoration program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. The claimant has already completed participation in the functional restoration program and, after six weeks of treatment, remains limited physically. Return to work is not a consideration. He would be expected to continue a home exercise program and use the strategies he learned during participation in the functional restoration program. In this case, the claimant's care would be expected to continue through the primary treating provider who can assess the claimant in terms of his further needs. The requested aftercare sessions are not medically necessary.