

Case Number:	CM15-0217072		
Date Assigned:	11/06/2015	Date of Injury:	02/03/2015
Decision Date:	12/28/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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 45 year old female, who sustained an industrial injury on February 3, 2015. She reported mid-back to low back pain. The injured worker was currently diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included 12 acupuncture sessions, 7 physical therapy sessions, acupuncture, exercise, epidural steroid injection and medications. On August 6, 2015, the injured worker complained of continued midline low back pain with activities like walking for 20 minutes, cleaning, heavy lifting, etc. She was currently on modified work. Physical examination revealed tenderness of the midline low back. Range of motion included flexion to lower thigh with pain and mild pain on extension. Her gait was normal. There was low back mild pain on heel walk and squatting. She was currently awaiting a transcutaneous electrical nerve stimulation unit trial. The treatment plan included hold acupuncture, hold physical therapy but continue home exercises, ice-heat, topical analgesic, oral medications, light work duty and a follow-up visit. A request was made for participation in a rehab one program. On October 7, 2015, utilization review denied a request for one participation in a rehab one program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) participation in a rehab one program: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) in (chronic) chapter under Chronic pain programs (functional restoration programs).

Decision rationale: The patient was injured on 02/03/15 and presents with low back pain. The request is for one (1) participation in a rehab one program. There is no RFA provided and the patient is on modified work duty. The patient is allowed to carry/lift/push/pull no more than 15 pounds. The MTUS guidelines pg. 49 and Chronic pain programs (functional restoration programs) section recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). ODG guidelines, Pain (chronic) chapter under Chronic pain programs (functional restoration programs) states: Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in delayed recovery. The patient is diagnosed with lumbosacral spondylosis without myelopathy. Treatment to date includes 12 acupuncture sessions, 7 physical therapy sessions, acupuncture, exercise, epidural steroid injection and medications. The reason for the request is not provided and it is not known what the request exactly entails. If the request is for a functional restoration program, there is no evaluation addressing all the necessary criteria for the program including the patient's motivation, negative predictors for success, etc. Given the lack of relevant documentation, the request is not medically necessary.