

Case Number:	CM15-0218531		
Date Assigned:	11/10/2015	Date of Injury:	06/14/2011
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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:

This is a 60 year old female with a date of injury of June 14, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder sprain and right carpal tunnel syndrome. A progress note dated October 13, 2015 documented complaints of back pain, bilateral shoulder pain, and left upper extremity pain rated at a level of 7 out of 10, and left wrist pain rated at a level of 7 out of 10. Records also indicate that the right shoulder pain radiates to the right arm, and the back pain radiates to the right ankle. Per the treating physician (October 13, 2015), the employee had permanent work restrictions that included no lifting over ten pounds, and no reaching or overhead work. The physical exam dated September 15, 2015 reveals bilateral tenderness and spasms of the cervical and trapezius muscles, decreased motor strength of the right upper extremity, decreased range of motion of the right shoulder, tenderness at the right medial and lateral epicondyles, and decreased sensation of the right thumb, index finger, and middle finger. The progress note dated October 13, 2015 documented a physical examination that showed similar findings as were reported on September 15, 2015 along with a ganglion cyst on the left wrist. Treatment has included lumbar transforaminal epidural steroid injection and medications (Fenoprofen, Flexeril, Tramadol, Cymbalta, and Theramine). The utilization review (October 28, 2015) non-certified a request for thirty sessions of a functional restoration program for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5 times a week for 6 weeks lower back: 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: The patient presents with constant low back pain that radiates to her bilateral buttocks. She has occasional radiation down her leg to her lateral heel three times a week with occasional numbness and tingling. The request is for functional restoration program 5 times a week for 6 weeks lower back. The request for authorization form is dated 10/14/15. Patient's diagnostic impressions include chronic axial low back pain due to internal disc derangement at L4-5; bilateral lumbosacral radiculopathies, per EMG. Physical examination reveals she has full lumbar flexion and extension but pain with flexion. Straight leg raise is unremarkable in the right leg. She has palpable guarding along her lumbar paraspinals. Patient's medications include Butrans Patch, Tylenol No. 3, Cymbalta, Gabapentin, Celebrex, Lidoderm Patch, and Simvastatin. Per progress report dated 10/07/15, the patient is permanent and stationary. MTUS chronic pain guidelines 2009, pg. 49 and 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)." Per progress report dated 10/06/15, treater's reason for the request is "[Patient] underwent a thorough evaluation today which included baseline functional testing so followup with the same tests can note functional improvement. Previous treatments of her chronic pain have been unsuccessful, and this has included physical therapy, acupuncture, medication trials, psychological care, injections, and surgical intervention. She is not a candidate for further surgery or injections. She has demonstrated a significant loss of ability to function independently because of her pain. She is motivated to change so that she can return to the workforce. The negative predictors of success were addressed today and were not found to be a barrier to her participation in a formal functional restoration program." In this case, review of provided medical records appears to adequately address each of these issues. However, MTUS does not recommend more than 20 full-day sessions. The request for Functional Restoration Program 5 times a week for 6 weeks for 30 sessions exceeds what is allowed per MTUS. Therefore, the request is not medically necessary.