

Case Number:	CM15-0219204		
Date Assigned:	11/12/2015	Date of Injury:	05/27/2015
Decision Date:	12/23/2015	UR Denial Date:	11/04/2015
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: New Jersey

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 57 year old female, who sustained an industrial injury on 5-27-15. The injured worker was diagnosed as having headaches; cervical spine sprain; lumbar sprain-strain; status post elbow fracture-left; cervical spine discogenic spondylosis; degenerative changes arthrosis; ligamentous calcification cervical spine. Treatment to date has included acupuncture; chiropractic therapy; status post open reduction internal fixation left proximal ulna-olecranon fracture (6-1-15); medications. Diagnostics studies included x-rays cervical spine (9-15-15); x-rays lumbar spine (9-15-15); x-rays left elbow (9-15-15). Currently, the PR-2 notes dated 10-13-15 indicated the injured worker was in the office for a re-evaluation. She complains of constant upper back pain which the provider documents "rated as a 7 out of 10". She reports the pain radiates to her bilateral shoulders and mid-back. She reports numbness, tingling, achiness and stiffness sensation. The pain is reported as increased with prolonged sitting, and decreases with pain medications (Norco) prescribed by her personal physician. The left elbow complaints are on-and -off. The provider documents "rated as a 7 out of 10." She reports radiating pain to the left arm, left forearm and left wrist. There is numbness, tingling, weakness, stiffness and cold sensation. The pain is increased in the evening and morning and decreases with pain medication (Norco) prescribed by her personal physician. The injured worker is a status post open reduction internal fixation left proximal ulna-olecranon fracture on 6-1-15. She also complains of constant low back pain and the provider documents "rated as a 7 out of 10". There is no radiating pain but an achy sensation and increases with activity and decreases with pain medication (Norco). She denies any headaches at this time, but reports persistent anxiety, depression and insomnia. The

provider's treatment plan includes "continue with functional restoration at 2 times a week for the 6 weeks. She may also continue acupuncture at 2 times a week for the next 6 weeks. We are requesting a psychological testing and consultation" and MRI studies and will see her back in 4-6 weeks. The PR-2 notes for this date of service do not include any other reference to a formal functional restoration program but does include chiropractic therapy and acupuncture therapy. A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 11-4-15 and non-certification for supervised functional restoration program (FRP) 2 times a week for 6 weeks. A request for authorization has been received for supervised functional restoration program (FRP) 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised functional restoration program 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer /supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there was some supportive information presented for consideration of a functional restoration program including no contraindications and a baseline functional assessment. However, the Guidelines state that a short trial is appropriate (up to 2 weeks duration) is sufficient to discover if the program is helping and would warrant extension. This request was for six weeks of program attendance, which is too long. Therefore, this request will be considered medically unnecessary at this time.