

Case Number:	CM15-0221662		
Date Assigned:	11/17/2015	Date of Injury:	09/09/2009
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial-work injury on 9-9-09. The injured worker was diagnosed as having cervical spine sprain-strain, bilateral shoulder impingement, carpal tunnel syndrome, and post op lumbar spine fusion. Treatment to date has included medication: prior Neurontin, Anaprox DS, Prilosec, and Ibuprofen; surgery (laminectomy at L4-5, spinal fusion at L4-S1 on 1-2-12 with resection of large intradural and extradural spinal tumor), physical therapy, chiropractic sessions, FRP (functional restoration program), and home therapy. Currently, the injured worker complains of constant low back pain rated at 4 out of 10 that radiates into the lower extremities with numbness and tingling, weakness. There is bilateral shoulder pain with weakness that radiates to the temporal region. There is right hand pain including the wrist, which is sharp with lifting that includes numbness, lower back pain, sharp stabbing pain that radiates into the left lower extremity to the foot including weakness. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted reduced range of motion to cervical region with spasm, paraspinal and upper trapezius spasm bilaterally, normal upper extremity sensory evaluation, positive tenderness with palpation on the right, positive orthopedic tests on the right, reduced range of motion to lumbar region, positive straight leg raise on the right, positive orthopedic tests, 1+ DTR (deep tendon reflexes) to Achilles and patella. The Request for Authorization requested service to include Transitional step down program (5 hr/session) (sessions) QTY 8. The Utilization Review on 10-15-15 partially-modified-denied the request for Transitional step down program (5 hr/session) (sessions) QTY 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional step down program (5 hr/session) (sessions) QTY 8: 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) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transitional step down program (five-hour sessions) (sessions #8) is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnoses are posterior lumbar interbody fusion L4 - S1; laminectomy at L4 and L5. Date of injury is September 9, 2009. Request authorization is October 8, 2015. Treatment plan documentation from a functional restoration program discharge summary dates July 6, 2015 through September 18, 2015 indicates the treating provider is requesting a transitional step down program to ensure appropriate medication compliance, reinforce coping skills learned during the FRP, ensure long-term positive outcomes of the FRP program and maximize functional independence and self-management. The treating provider had ample time to start the injured worker on a home program with an ongoing transition during the functional restoration program. There is no clinical rationale why additional time is necessary to complete these tasks. A request for five-hour sessions for eight sessions reflects an ongoing continuation of the functional restoration program. There are no compelling clinical facts indicating additional functional restoration program sessions (transitional step down) are clinically indicated. Based on the clinical information in the medical record and peer-reviewed

evidence-based guidelines, transitional step down program (five hour sessions) (sessions #8) is not medically necessary.