

Case Number:	CM15-0222126		
Date Assigned:	11/17/2015	Date of Injury:	04/23/2013
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/10/2015

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 34 year old male, who sustained an industrial injury on April 23, 2013. The injured worker was diagnosed as having chronic intractable pain, lumbar 4 to 5 and lumbar 5 to sacral one disc degeneration per discography, abdominal pain with bloating, and status post lumbar 4 to 5 microdiscectomy and laminectomy performed on December 04, 2013. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, x-rays of the low back, chiropractic therapy, at least 4 sessions of psychotherapy, status post right laminectomy, and medication regimen. In a progress note dated October 22, 2015 the treating physician reports complaints of intermittent pain to the low back that radiates to the lower extremities with the right greater than the left. Examination performed on October 22, 2015 was revealing for tenderness to the lumbar spine, decreased sensation to the right lumbar 5 and the right sacral 1 dermatome, positive straight leg raises to the left. The progress note did not indicate the injured worker's numeric pain level, but noted that the injured worker has difficulty performing activities of daily living such as bathing, dressing, toileting, walking, shopping, and housework, but improves with the use of his medication regimen. The progress note from October 22, 2015 noted magnetic resonance imaging from May 08, 2014 that was revealing for disc degeneration with annular bulging with "moderate" facet arthropathy bilaterally along with impingement at lumbar 4 to 5; and "mild" desiccation with annular bulging and "moderate" facet arthropathy along with "minimal" right foraminal narrowing to the lumbar 5 to sacral 1 level. The progress note from October 22, 2015 also noted a discogram of the lumbar spine performed on November 21, 2014 that was revealing to be positive at lumbar 4 to 5 and lumbar 5 to sacral 1

with positive fissure. The progress notes from October 22, 2015 did not indicate prior physical therapy performed. The medical records provided included 4 sessions of psychotherapy with the progress notes from July 09, 2015 and June 24, 2015 noting that the injured worker has pain issues, temper control, mood swings, hopelessness, with the progress note from July 09, 2015 noting that the injured worker has a need for pain control with the diagnosis of major depression and was treated with biofeedback, but the progress notes did not indicate if the injured worker has had any functional improvement with these psychotherapy sessions. On October 22, 2015 the treating physician requested for initial evaluation for functional restoration program to "identify reasonable functional goals to be achieved" and "to establish a baseline functional testing so follow-up with the same test can note functional improvement". On November 02, 2015 the Utilization Review determined the request for initial evaluation for functional restoration program to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for Functional Restoration Program: Overturned

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 current request is for an initial evaluation for functional restoration program. Treatment history includes lumbar surgery, physical therapy, Chiropractic therapy, injections, medications and psychotherapy sessions. The patient is not working. The MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs (FRPs) section, recommends the program 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." Per report 10/22/15, the patient presents with intermittent pain to the low back that radiates to the lower extremities with the right greater than the left. Examination revealed tenderness to the lumbar spine, decreased sensation to the right L5-S1 dermatome, and positive straight leg raises to the left. The treater recommended an initial evaluation for a functional restoration program to identify reasonable functional goals to be achieved and to establish baseline function. This patient suffers from chronic pain, and depression. An evaluation to see if the patient may be a candidate for the FRP is reasonable and supported by MTUS. Therefore, the request IS medically necessary.