

Case Number:	CM15-0224002		
Date Assigned:	11/20/2015	Date of Injury:	01/20/2014
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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:

This 45 year old man sustained an industrial injury on 1-20-2014. Diagnoses include post-laminectomy syndrome, bilateral knee pain, lumbar spinal stenosis, unsteadiness on feet, and pain disorder with psychological factors. Treatment has included oral and topical medications including Lidoderm patches and Tramadol, physical therapy, and right knee surgery. Physician notes dated 10-22-2015 show complaints of low back, bilateral knee pain, right upper quadrant pain, persistent stomach upset, depression, and anxiety. The physical examination shows a flat, worried affect, and antalgic gait. Recommendations include functional rehabilitation program as he was considered a good candidate after an initial evaluation, gastrointestinal consultation, continue current medication regimen, and follow up in four weeks. Utilization Review denied a request for functional rehabilitation program on 11/3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of NCFRP: Upheld

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

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 indication that a functional restoration program might be helpful. However, there was insufficient evidence provided to suggest it was time to consider attendance of a program as such. There was evidence of some modalities tried and failed such as physical therapy, medications, and surgery, however, other modalities exist that could be tried. Regardless, this request was for 160 hours which is more than necessary in order to find out if the program is helpful. A request for up to 80 hours would be more appropriate in the future with consideration for extension based on benefit. Therefore, at this time, this request is not medically necessary.