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| Case Number: | CM15-0034114 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 11/26/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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 54-year-old male, who sustained an industrial injury on 11/26/2013, after a fall. He reported initial injury to his right foot and lumbar region of his back. The diagnoses have included pain in joint, ankle and foot, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included conservative measures. Magnetic resonance imaging of the lumbar spine, dated 3/26/2014, noted central posterior annulus tear and disc protrusion at L2-3, without nerve abutment, disc extrusion at L4-5, with nerve root abutment, broad posterior disc osteophyte ridging at L5-S1, with abutment of descending nerve roots, and multilevel facet arthritis. A Functional and Work Capacity Evaluation was completed on 2/03/2015, concluding employability for "medium work." On 2/06/2015, the injured worker complained of low back pain, rated 5/10. Pain was rated 5 at best and 9 at worst. He had some fear avoidance behaviors, low energy, isolation, and did not participate in social or recreational activities because of his pain. He wished to return to another job, but was only trained for manual labor. He continued home exercise program daily. Physical exam noted a fatigued appearance and a right sided antalgic gait. Medication use was not noted. Treatment plan included a Functional Restoration Program evaluation. On 2/16/2015, Utilization Review non-certified a request for a Functional Restoration Program evaluation, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management program FRP Page(s): 30-32, 49.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for functional restoration program (FRP) evaluation. The patient has had medication, acupuncture, activity modification and chiropractic treatment in the past. The patient underwent functional capacity evaluation on 02/03/15, showing "lifting capacity is up to 40lbs on an occasional basis and 20lbs on frequent basis [The patient] had significant distress that is likely contributing to his performance. Recommendation for specialized program to address psychosocial barriers to rehabilitation." The patient is currently not working. Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 31 and 32 states "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. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." MTUS Guidelines page 32 further states that a 2-week functional restoration program is recommended if all the criteria are met. In this case, the patient has had persistent chronic pain for nearly two years. The treater requested FRP evaluation due to the "recommendation for specialized program to address psychosocial barriers to rehabilitation" from functional capacity evaluation on 02/03/15. The patient has failed conservative care and MTUS does support FRP if the criteria are met. The request for an evaluation to consider FRP IS medically necessary.