

Case Number:	CM15-0036183		
Date Assigned:	03/04/2015	Date of Injury:	03/29/2008
Decision Date:	07/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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 03/29/2008. He has reported subsequent low back and neck pain and was diagnosed with chronic pain syndrome, failed back surgery syndrome, lumbar spine status post fusion and cervical spine herniated nucleus pulposus with radiculopathy. Treatment to date has included medication, epidural injection, physical therapy and surgery. In a progress note dated 12/15/2014, the injured worker complained of continued pain and no increased in function despite the use of multiple different classes of medication. The injured worker was noted to be unable to return to work secondary to increased pain. Objective findings were notable for positive maximal foraminal compression test and shoulder decompression test, positive spinous, paravertebral and trapezius muscle tenderness of the thoracic and lumbar regions, positive straight leg raise on the right at 60 degrees and at 75 degrees on the left, positive Braggard's, Fabere-Patrick, Kemp's and Lasegue's tests and a right sided antalgic gait. The physician noted that a one-day multidisciplinary evaluation to consider XXXXXXXXXX Pain and Wellness functional restoration program was recommended. The most recent progress note from 01/26/2015 showed that the injured worker was recommended to have an anterior cervical fusion and discectomy at C5-C6 and C6-C7. A request for authorization of a functional restoration program (10 days/50 hours) related to chronic pain as an outpatient was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (10Days/ 50 hours) related to chronic pain as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 25, 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient complains of neck pain radiating to upper extremities, and low back pain radiating to lower extremity, as per progress report dated 01/26/15. The request is for FUNCTIONAL RESTORATION PROGRAM (10 DAYS/ 50 HOURS) RELATED TO CHRONIC PAIN AS AN OUTPATIENT. There is no RFA for this case, and the patient's date of injury is 03/29/08. The patient is status post lumbar fusion and suffers from failed back syndrome. Diagnoses, as per progress report dated 01/26/15, included cervical spine HNP with radiculopathy and r/o neurogenic bladder. The patient also suffers from left knee medial meniscal tear, as per progress report dated 12/15/14. As per progress report dated 10/27/14, the patient has left rotator cuff impingement syndrome and labral tear. The patient is temporarily totally disabled, as per report dated 01/26/15. The MTUS guidelines pg. 49 recommends functional restoration programs 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." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). In this case, none of the progress reports discuss the request. The patient has failed conservative treatments including medications and physical therapy, as per progress report dated 10/27/14. He has completed one day multidisciplinary evaluation for chronic pain, as per progress report dated 01/26/15. However, the results of this evaluation are not available for review. The patient is temporarily totally disabled, as per the same progress report, and the reports fail to document the patient's motivation to change. Additionally, it not clear if the negative predictors for success of FRP have been identified and addressed. Given the lack of relevant documentation, the request IS NOT medically necessary.