

Case Number:	CM15-0046537		
Date Assigned:	03/18/2015	Date of Injury:	10/19/2012
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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

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 45 year old male, who sustained an industrial injury on October 19, 2012. The injured worker was diagnosed as having chronic low back pain with left S1 radiculopathy, evidence of L5-S1 left disc protrusion with annular tear, bilateral knee pain, right and left knee surgery, chronic pain syndrome, gait disturbance and pain-related insomnia. Treatment to date has included medication, imaging of the lumbar spine, physical therapy, injections and a functional restoration program. Currently, the injured worker is in the fifth week of a functional restoration program and has made significant progress in reaching the goals established at the beginning of treatment. The documentation reveals that the injured worker is compliant with treatment and has been utilizing half the medication he was previously taking. He reports some decrease in low back pain and left knee pain with his medications. He continues to report ongoing sharp pain in the left side of the lower back with radiation of pain to the left lower extremity as well as left knee pain that is sharp with weight bearing. The injured worker reports that he does not think he can return back to masonry work given the physical nature of his work. He continues to utilize the cognitive behavioral therapy classes to help him with his future plans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 31-32.

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

Decision rationale: The patient presents with ongoing sharp pain in the left side of the lower back with radiation to the left lower extremity as well as left knee pain that is sharp with weight bearing. The request is for Functional Restoration Program For 80 Hours. The RFA provided is dated 02/04/15. Patient's diagnosis included chronic low back pain with left S1 radiculopathy, evidence of L5-S1 left disc protrusion with annular tear, bilateral knee pain, right and left knee surgery, chronic pain syndrome, gait disturbance and pain-related insomnia. Treatments to date have included medication, imaging of the lumbar spine on 04/23/14, physical therapy, injections and a functional restoration program. Patient is permanent and stationary. 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)." There are no progress reports provided. Per medical record dated 02/26/15, the patient is a recent graduate of the functional restoration program. The patient has reported subjective gains; however, details of the program including duration and goals were not discussed. 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), without evidence of demonstrated efficacy. Furthermore, treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request is not medically necessary.