

Case Number:	CM15-0050200		
Date Assigned:	03/23/2015	Date of Injury:	09/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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 41 year old male, who sustained an industrial injury on 09/10/2013. He has reported subsequent back pain and was diagnosed with degeneration of lumbosacral intervertebral disc and psychophysiological disorder. Treatment to date has included oral pain medication, physical therapy, epidural steroid injection and the application of heat and ice. In a progress note dated 01/22/2015, the injured worker complained of right sided low back pain that was rated as 6/10. Objective findings were notable for an antalgic gait. The physician noted that the injured worker was recommended to undergo a functional restoration program and a request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Additional Weeks (10 days/60 hours) of Functional Restoration Program to include up to 20 hours of patient education, 18 hours of therapeutic exercise, and 18 hours of psychotherapy: Upheld

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

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

Decision rationale: The patient presents on 01/22/15 with lower back pain rated 6/10 which radiates into the right lower extremity. The patient's date of injury is 09/10/13. Patient is status post epidural steroid injection at a level and date unspecified. The request is for 2 additional weeks (10 days/60 hours) of functional restoration program to include up to 20 hours of patient education, 18 hours of therapeutic exercise, and 18 hours of psychotherapy. The RFA was not provided. Physical examination dated 01/22/15 does not include any positive physical findings, only a discussion of case history and treatments to date. The patient is currently prescribed Trazadone, Cymbalta, Gabapentin, Percocet, and Soma. Diagnostic imaging was not included. The patient is not currently working, is classified as temporarily totally disabled. 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 regard to the request for two additional weeks of functional restoration, the request appears excessive. Progress notes indicate that this patient has undergone at least 6 weeks of functional restoration therapy, as progress note dated 03/10/15 states that he is currently in his fifth week and is scheduled to attend one additional week. While the progress notes are very thorough in their assessment and consistently document improvements in this patient's condition such as the weaning of some narcotic medications, it is not clear why this patient requires 8 weeks of therapy. MTUS guidelines do not support more than 20 full day sessions of functional restoration programs; this patient has already undergone 30. No rationale is provided as to why this patient is unable to transition to home-based physical therapy or less intensive treatment modalities. Therefore, the request is not medically necessary.