

Case Number:	CM15-0057024		
Date Assigned:	04/01/2015	Date of Injury:	11/06/2012
Decision Date:	05/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female, who sustained an industrial injury on 11/06/2012, while employed as a caregiver. She reported back pain when sorting mail. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc disease, lumbosacral radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome, with both sleep and mood disorder. Treatment to date has included magnetic resonance imaging of the lumbar spine, medications, epidural steroid injection, and physical therapy. Currently, the injured worker complains of pain in the bilateral lumbar region and right gluteal area, with radiation down the right lower extremity. She also reported associated weakness of bilateral lower extremities. Pain was rated 6/10. Overall independence with activities of daily living was documented. She was currently not working, but was documented as motivated to return to work. The treatment plan included a Functional Restoration Program per physical therapy recommendation. An Agreed Medical Examination, dated 10/24/2014, noted recommendation for Functional Restoration Program also.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program (80 hours): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a functional restoration program is medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. There are predictors of successful failure which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnoses are lumbar degenerative disc disease; right lower extremity radiculopathy; diffuse regional myofascial pain; chronic pain syndrome with both sleep and mood disorder. The treating physician and physical therapist provide detailed progress notes that meet the criteria for a functional restoration program. The injured worker has a chronic pain syndrome. Past treatment has included physical therapy that has not been sufficient to return the injured worker to full function. The injured worker is independent of basic self-care activities are painful. Objectively, range of motion is restricted with pain. There are no sensory changes present and movement is guarded. The injured worker's physical demand level is largely sedentary based on limited tolerances with sitting, standing and walking. Standardized testing indicates that fear movement is a barrier to rehabilitation or additionally, somatic preoccupation is demonstrated by pain behaviors or frequent pain is back. The injured worker demonstrates adequate activity tolerance to engage in independent exercise based treatment program and reports being motivated and willing to participate. Current pain coping strategies are mostly inactive. The injured worker demonstrates the potential to achieve a significantly higher level of function. Negative predictors include the patient has been out of work for 2+ years. However, the injured worker does have a job to return to and the injured worker is motivated to return to work and is not interested in any surgical intervention. Consequently, based on a medical record review, the clinical facts in the medical record, a functional restoration program is medically necessary.