

Case Number:	CM15-0057233		
Date Assigned:	04/02/2015	Date of Injury:	07/09/2014
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 34-year-old male, who sustained an industrial injury on 7/09/2014. Diagnoses include sprain/strain left knee and lumbar strain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), modified work, 24 visits of physical therapy, neurology and psychiatry consultations and treatment, psychotherapy and medications. Per the Initial Office Visit dated 2/12/2015, the injured worker reported worsening low back and left knee pain. The low back pain is intermittent. The knee pain is rated as 7-8/10 and constant. He describes it as feeling hot and is made worse with sitting more than 30-40 minutes, standing and walking more than several hours. Physical examination revealed no noticeable antalgic gait. There was spasm and guarding at the base of the lumbar spine at the lumbosacral junction with some tenderness noted in the proximal lumbar spine. Straight leg raise is negative bilaterally. There was global tenderness along the medial and lateral joint lines of the left knee. There was reproduction of pain with varus and valgus loading, but normal stability. The plan of care included, and authorization was requested, for a functional restoration program evaluation.

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 Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, p. 49, and Chronic pain programs, p. 30-34.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, requires individualized care plans, and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, there was sufficient efforts to implement every reasonable and appropriate treatment which might have helped him recover from his injury, including psychological care and medications. He is not a candidate for surgery or other interventions, and therefore, he seems to be at his maximal improvement at this point, and considering his psychological background, a multidisciplinary program for functional restoration might be helpful for him at this stage. The request for functional restoration program evaluation is reasonable and medically necessary.