MAXIMUS Federal Services

Case Number:	CM15-0064268		
Date Assigned:	04/10/2015	Date of Injury:	04/17/2010
Decision Date:	07/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/05/2015

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, Pain Management

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 59 year old female, who sustained an industrial injury on 4/17/2010. She reported thoracic, lumbar, and cervical spine pain. The injured worker was diagnosed as having lumbar degenerative disc disease, cervical disc bulges with chronic strain and overlying myofascial pain, thoracic sprain/strain, and thoracic degenerative disc disease. Treatment to date has included medications, TENS, and home exercises. The request is for a functional restoration program. The request is for 2/9/2015, she complained of cervical, thoracic, and lumbar spine pain. She rated her pain to be 5-7/10 with the majority of her pain in the thoracic spine area. She denies numbness, weakness, bowel or bladder issues associated with her pain. Physical examination is noted as tenderness throughout the cervical and thoracic and lumbar areas. She has a PHQ-9 score of 6/30. She has a negative Spurling's maneuver, and straight leg raise testing bilaterally. The treatment plan included: TENS, and Terocin patches, and a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for open-ended application of FRP, therefore exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.