

Case Number:	CM15-0240717		
Date Assigned:	12/17/2015	Date of Injury:	04/13/2012
Decision Date:	01/22/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/09/2015

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 25 year old male, who sustained an industrial injury on April 13, 2012. The injured worker was currently diagnosed as having chronic intractable neck pain, disc protrusion cervical spine, bilateral shoulder strain, chronic intractable lower back pain, disc protrusion lumbar spine, radiculopathy left lower extremity, neuropathic pain left lower extremity, depression, gastritis and nausea. Treatment to date has included diagnostic studies, therapy and medications. On October 9, 2015, the injured worker complained of moderate to severe lower back pain. The pain was constant and was aggravated with bending, stooping and carrying. Physical examination of the lumbar spine revealed tenderness in the paralumbar musculature and positive muscle spasm. Lumbar spine range of motion was forward flexion 60 degrees with pain, extension 30 degrees with pain, lateral tilt right and left 30 degrees and right and left rotation 30 degrees. Straight leg raise was positive of the left lower extremity. The treatment plan included physical therapy three times a week for six weeks for the lower back and referral for functional restoration program. On November 5, 2015, utilization review denied a request for functional restoration program for lumbar spine, unknown frequency and duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for lumbar spine, unknown frequency and duration:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program for lumbar spine, unknown frequency and duration is not 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; an adequate and 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 and 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 (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are chronic intractable neck pain, disc protrusion cervical spine, bilateral shoulder strain, chronic intractable lower back pain, disc protrusion lumbar spine, radiculopathy left lower extremity, neuropathic pain left lower extremity, depression, gastritis and nausea. Date of injury is April 13, 2012. Request for authorization is October 21, 2015. According to an October 9, 2015 progress note, subjective complaints include continued moderate to severe low back pain increased with activity. Objectively, the injured worker ambulates with an antalgic gait. There is tenderness over the paravertebral muscles and pain with range of motion. There is bilateral straight leg raising and decreased sensation in the L5 right dermatome. The treating provider is requesting physical therapy three times per week time six weeks (18 sessions). The treating provider is requesting a functional restoration program. One criterion for a functional restoration program includes "previous methods of treating chronic pain have been unsuccessful". The treating provider is requesting 18 sessions of physical therapy. The documentation reflects the injured worker has not exhausted (all) previous methods of treating chronic pain. There was no physical therapy (recent) in the medical record. There is no frequency and duration (number of days and hours) included in the request. After the physical therapy sessions are completed, the injured worker should be reevaluated and a functional restoration program may be clinically indicated at that time. At the present, a functional restoration program is premature. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, functional restoration program for lumbar spine, unknown frequency and duration is not medically necessary.

