

Case Number:	CM15-0241463		
Date Assigned:	12/18/2015	Date of Injury:	10/17/2012
Decision Date:	01/29/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/10/2015

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: 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 30 year old male, who sustained an industrial injury on October 17, 2012, incurring low back and right upper extremity injuries. He was diagnosed with a lumbar strain and tendinitis of the wrist, hand and forearm. Treatment included anti-inflammatory drugs, Tylenol, exercises, chiropractic sessions, physical therapy, and modified work activities. He noted physical therapy, chiropractic sessions, acupuncture and topical creams offered no pain relief. He obtained relief to his wrist from a steroid injection. Currently, the injured worker complained of persistent low back pain. Magnetic Resonance Imaging of the lumbar spine was unremarkable. Occupational therapy offered no relief. He was referred to a functional restoration program to help with his chronic pain syndrome. The treatment plan that was requested for authorization included FMG functional restoration program 5 days a week for 2 weeks. On December 4, 2015, a request for a functional restoration program was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FMG functional restoration program Qty: 5 days/week x 2 weeks: 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): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the medical records note that the injured worker has completed one week of the functional restoration program and a second week has been authorized. The medical records do not establish completion of the second week of the functional restoration program to support the request for additional treatment. The request for FMG functional restoration program Qty: 5 days/week x 2 weeks is therefore not medically necessary and appropriate.