

Case Number:	CM14-0116826		
Date Assigned:	08/06/2014	Date of Injury:	08/26/2007
Decision Date:	12/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 62 year-old with a date of injury of 08/26/07. A comprehensive multidisciplinary pain management evaluation associated with the request for services, dated 06/17/14, identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine with decreased range of motion. Diagnoses (paraphrased) included lumbar disc disease; radiculopathy; sacroiliitis; sciatica; and piriformis syndrome. Treatment had included a kyphoplasty, epidural steroid injections, TENS, physical therapy, and medications including NSAIDs, opioids, and antidepressants. A Utilization Review determination was rendered on 07/07/14 recommending non-certification of "Functional Restoration Program 27 hours a week for 4 weeks (QTY: 160 hours)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 27 hours a week for 4 weeks (QTY: 160 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; Chronic Pain Programs (Functional restoration Programs) Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs (functional restoration programs)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that functional restoration programs (FRP) are recommended. However, research is still ongoing as to how to screen for inclusion into these programs. The programs are interdisciplinary with an emphasis on function over elimination of pain. There is evidence that FRPs reduce pain and improve function in patients with low back pain. There is little evidence for biopsychosocial rehabilitation with neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. For outpatient rehabilitation programs, all of the following criteria should be met:- An adequate and thorough evaluation has been made, including baseline functional testing.- Previous methods of treating the chronic pain have been unsuccessful.- 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 a motivation to change, and a willingness to forgo secondary gains.- Negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Total treatment duration should generally not exceed 20 full-day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The non-certification was a modification to 2 weeks with reassessment as recommended above. Therefore, the medical record does not document the medical necessity for 160 hours of a functional restoration program. Therefore, this request is not medically necessary.