MAXIMUS Federal Services

Case Number:	CM14-0023211		
Date Assigned:	05/14/2014	Date of Injury:	04/15/2013
Decision Date:	09/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 62-year-old male with a 4/15/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 1/2/14, the patient complained of axial low back pain and transient leg pain. He stated that he has not been very motivated, he has not been exercising much and felt mentally broken. Objective findings: sensation intact to light touch of lumbar spine and pinprick bilaterally to the lower extremities, spasm and guarding noted lumbar spine, lumbar spine motor strength is 5/5. Diagnostic impression: lumbar disc displacement without myelopathy, stenosis spinal lumbar.Treatment to date: medication management, activity modificationA UR decision dated 1/24/14 modified the request for Functional Restoration Program from 160 hours to 80 hours. The documentation identifies ongoing symptoms and functional impairment despite conservative care rendered to date. Documentation contains a thorough evaluation which has identified physical barriers to return to work and psychological factors that may represent a barrier to recovery. Utilization of a functional restoration program would be supported by guidelines in this context. Only 10 days of initial treatment is indicated by guidelines, with an additional 10 days being available pending review of progress with initial treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **FUNCTIONAL RESTORATION PROGRAM (NCFRP) for 160 HOURS:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, it is documented in a 1/2/14 progress note, that the patient has not been very motivated. He has not been exercising much and he feels mentally broken. He has also been diagnosed with depression. This note was dated after the 10 sessions of functional restoration program had already been authorized. The provider has not addressed the patient's psychological issues and how they would impact his progress in a functional restoration program. In addition, he decided not to proceed with a lumbar epidural steroid injection because his pain was improving with medications. There is additional documentation that medications do help improve his pain and function. Guidelines do not support functional restoration program in patients lacking motivation and who have not failed conservative therapy. In addition, a prior UR had modified this request for 20 sessions to 10 sessions for an initial trial of functional restoration program. Therefore, the request for [redacted] Functional Restoration Program ([redacted]) X 160 Hours was not medically necessary.