

Case Number:	CM14-0084714		
Date Assigned:	07/23/2014	Date of Injury:	11/21/2006
Decision Date:	10/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 63 year-old male with a date of injury of 11/21/2006. The patient's industrially related diagnoses include lumbago, chronic pain syndrome, degenerative lumbar/lumbosacral intervertebral disc, depressive disorder, and lumbar sprain and strain. The disputed issue is a request for Functional Restoration Program (FRP), outpatient individualized and integrated FRP using biopsychosocial x approach 20 days plus 6 monthly follow-ups. A utilization review determination on 5/29/2014 had modified this request to certify 10 visits. The stated rationale for the denial of the FRP for 20 days with 6 monthly follow-up was: "The documentation identifies ongoing symptoms and functional impairment despite conservative care rendered to date. The documentation contains a thorough evaluation, which has identified physical carries 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:

Functional Restoration Programs, Outpatient individualized and integrated Functional Restoration Programs using biopsychosocial: 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 Functional Restoration Programs Page(s): 31-33.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs (FRP) for injured workers who meet the patient selection criteria. 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; and (6) Negative predictors of success above have been addressed. According to the records submitted for review, the injured worker does meet the criteria and a functional restoration program is recommended. A thorough initial evaluation was documented on 3/12/2014 which documented that previous methods of treating the chronic pain were not successful. The injured worker had a physical therapy evaluation on 5/5/2014, a behavioral medicine evaluation on 5/5/2014, and an interdisciplinary evaluation summary and treatment plan was completed on 5/14/2014. In this last report, the evaluating physician documented that the Chronic Pain Medical Treatment Guidelines make provision for at least 160 hours of functional restoration treatment in an interdisciplinary setting and the request is being made for a total of 20 part-day sessions (150 hours). However, the Chronic Pain Medical Treatment Guidelines state the following: "Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities) (Sanders, 2005). 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." The guidelines referenced above do not recommend treatment for longer than 2 weeks without evidence of demonstrated efficacy. Therefore the request for Functional Restoration Program: Outpatient individualized and integrated Functional Restoration Program using biopsychosocial x approach 20 days plus 6 monthly follow-ups is not supported by the guidelines and is not medically necessary as this time. The Utilization Review determination should be upheld which modified the request to 10 visits.