

Case Number:	CM14-0093454		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2010
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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 patient is a 60-year-old female who has submitted a claim for lumbosacral neuritis NOS and internal derangement of left knee associated with an industrial injury date of May 11, 2010. Medical records from January 15, 2013 up to August 4, 2014 were reviewed showing low back pain radiating down to bilateral lower extremities. Pain is accompanied by numbness and tingling all the way to the foot. Pain is aggravated by activity. Pain is associated with muscle spasms in the low back. Patient also complains of pain in left knee aggravated by activity. Pain was rated at 4/10 with medications and 6/10 without medications. She reported good functional improvement in the following areas: mood, standing, walking, and mobility. The duration of improvement is continuing at this time. She also reported that physical therapy and pool therapy were helpful. Functional improvement seen in her ability to attend church, climbing stairs, cooking, driving, shopping, sitting, standing, and washing dishes. Physical examination of lumbar spine noted bilateral paraspinous spasms, tenderness of L4-S1 vertebral area, limited ROM secondary to pain, decreased strength in the lower left extremity, and positive seated SLR on the left. Left knee was noted to be tender. Treatment to date has included functional restoration, benazepril, atenolol, gabapentin, Cymbalta, Senokot, tizanidine, Butrans, tramadol, physical therapy, lumbar epidural injections, and left knee arthroscopy. Utilization review from May 22, 2014 denied the request for Functional Restoration Program 2 times a week for 6 weeks to lumbar spine and Functional Restoration Program 2 times a week for 6 weeks to left knee. Other forms of treatment have not been exhausted. Patient appears to be a candidate for other treatments including repeat ESIs and possible injections or surgery for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 2 times a week for 6 weeks to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Programs (Functional Restoration Programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Restoration Program.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In addition, total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. As per ODG, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient was prescribed a trial of 6 functional restoration visits for the lumbar spine on 5/7/14. According to recent reports, functional improvement was seen in her ability to attend church, climbing stairs, cooking, driving, shopping, sitting, standing, and washing dishes. However, she is also being considered for a second lumbar epidural injection. Other forms of treatment have not been exhausted. Therefore the request is not medically necessary.

Functional Restoration Program 2 times a week for 6 weeks to left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Programs (Functional Restoration Programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Restoration Program.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the

patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In addition, total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. As per ODG, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient was prescribed a trial of 6 functional restoration visits for the left knee on 5/7/14. According to recent reports, functional improvement was seen in her ability to attend church, climbing stairs, cooking, driving, shopping, sitting, standing, and washing dishes. There was a discussion of left total knee replacement and viscosupplementation injections to which the patient was hesitant to proceed. However, this may be construed as lack of motivation to change, a criterion prior to enrollment in FRP. Moreover, negative predictors of success were not addressed. Guideline criteria were not met. Therefore the request is not medically necessary.