

Case Number:	CM14-0094403		
Date Assigned:	09/12/2014	Date of Injury:	12/06/2011
Decision Date:	10/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 injured worker is a 28year old man with a work-related injury dated 12/6/11 with resulting chronic pain in the low back with radiation to the leg. An MRI showed a large herniation with extruded disc fragment at L5-S1 and central disc herniation at L4-5 without neuroforaminal encroachment. The patient has been treated with physical therapy, acupuncture, oral analgesics and epidural steroid injections. On 3/13/14 he was evaluated by the pain specialist. He continues to complain of lower back pain with right lower extremity pain. The exam showed decreased range of motion of low back, with tenderness over the right paravertebral muscles with positive straight leg raising and decreased sensation of the right extremity. The diagnosis includes lumbar or lumbosacral disc degeneration, lumbar disc displacement without myelopathy and thoracic or lumbosacral neuritis or radiculitis. The plan of care included Functional Restoration Program (FRP), medications, ice, heat and exercise. He was evaluated subsequently on 3/20/14, 3/25/14, 4/10/14, 4/17/14, 4/25/14, 5/1/14, 5/8/14, 5/15/14, and 5/22/14. Under consideration is the functional restoration program that was denied during utilization review dated 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program 80 hours, Inital Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 30-32, 49. Decision based on Non-MTUS Citation Official Disability Guidelines- low back Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

Decision rationale: According to the MTUS section on chronic pain FRPs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: A negative relationship with the employer/supervisor; Poor work adjustment and satisfaction; A negative outlook about future employment; High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); Involvement in financial disability disputes; Greater rates of smoking; Duration of pre-referral disability time; Prevalence of opioid use and Pretreatment levels of pain. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. 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 has had chronic pain and has been unable to work. He has been treated for depression and has required multiple opioid analgesic medications. Many of these factors are negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs. The Functional Restoration program 80 hours, Initial Trial is not medically necessary.