

Case Number:	CM14-0213653		
Date Assigned:	12/31/2014	Date of Injury:	07/26/2010
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on 11/18/2009. The injured worker has prior injuries reported to the lumbar spine on 6/22/2007, cervical spine, lumbar spine and right shoulder 7/30/2010 and right thumb on 5/16/2008. He has reported low back pain. The diagnoses have included displaced lumbar disc and intervertebral disc with herniated nucleus pulposus. Treatment to date has included physical therapy and medication management. Currently, the IW complains of low back pain and bilateral leg pain. The treatment plan included a functional restoration program 5x/week for 8 weeks (40 sessions). On 12/3/2014, Utilization Review modified the functional restoration program 5x/week for 8 weeks (40 sessions) to 5x/week for 2 weeks (10 sessions) and non-certified the remaining 30 visits, noting the recommendation for the restoration program is 2 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/19/2014, the injured worker submitted an application for IMR for review of a functional restoration program 5x/week for 8 weeks (40 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 week functional restoration program 5x/week for 8 weeks 40 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Functional restoration programs
(FRPs) Page(s): 49.

Decision rationale: The 58 year old patient presents with 7-9/10 pain in lumbar spine, bilateral lower extremities, cervical spine and right shoulder, as per AME report dated 10/28/14. The request is for 8 WEEK FUNCTIONAL RESTORATION PROGRAM 5X/WEEK FOR 8 WEEKS 40 SESSIONS. There is no Request for Authorization form for this request. The date of injury is 07/26/10. The patient also complains of impaired sleep and sexual dysfunction, as per the AME report. The patient's diagnoses includes lumbar strain, lumbar degenerative disc disease, bilateral L5 and S1 radiculopathies, right shoulder strain, right shoulder superior labrum tear, right shoulder rotator cuff tendinosis, degenerative osteoarthritis of the right AC joint, cervical strain, cervical spondylosis, right C6 radiculopathy, degenerative osteoarthritis of the trapeziometacarpal joint of the right thumb, and chronic pain syndrome. He has undergone right knee, right ankle and left Achilles tendon surgeries dates of these procedures are not mentioned. The patient is temporarily totally disabled and is receiving Social Security Disability retirement, as per the same report. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that 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. MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In this case, only an AME report, dated 10/28/14, has been provided for review. Given the patient's date of injury, it is reasonable to assume that the patient has received significant conservative care. He has also undergone right knee, right ankle and left Achilles tendon surgeries In the review, the examiner states that the patient is not a candidate for lumbar surgery. In a pain specialist's report dated 04/29/14, which was reviewed in the AME report, the treater states that the patient cannot return to work until he completes a specific functional restoration program. The AME reviewer states that Dr. S has substantial financial interest in his own functional restoration program. but does not provide any other relevant information. The UR denial letter states that a direct discussion with Dr. S helped them understand that the goal is return him to work by way of this comprehensive restorative program, to include psychosocial support as well as physical therapy. FRP would appear reasonable, but the treater's request for 8 weeks of daily sessions far exceed what is allowed per MTUS. The request IS NOT medically necessary.