MAXIMUS Federal Services

Case Number:	CM14-0217953		
Date Assigned:	01/07/2015	Date of Injury:	06/10/2009
Decision Date:	03/16/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/30/2014

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 36 year old male, who sustained an industrial injury on June 10, 2009. He has reported right chest wall pain with development of neck, upper back, and lower back pain over time. The diagnoses have included cervical, thoracic, and lumbar disc displacement without myelopathy, psychogenic pain, chronic pain syndrome, and reactive depression and anxiety. Treatment to date has included diagnostic studies, medications, chiropractic care without significant benefit, cane for ambulation, work modifications, and a functional restoration program. On March 5, 2013, a magnetic resonance imaging of the cervical spine revealed desiccation of the cervical 2-cervical 3, cervical 3-cervical 4, and cervical 4-cervical 5 discs with a 1 mm annular bulge at cervical 3-cervical 4 and cervical 4-cervical 5. At cervical 5-cervical 6, there was disc desiccation demonstrating a 2.4 mm posterior annular bulge with a tear which abutted the ventral cervical cord. At cervical 6-cervical 7, there was disc desiccation demonstrating a 1.5 mm posterior annular bulge with mild bilateral foraminal narrowing and encroachment. At cervical 7-thoracic 1, there was disc desiccation demonstrating a 1.5 mm posterior annular bulge. On March 5, 2013, a magnetic resonance imaging of the lumbar spine revealed disc desiccation demonstrating a 3.9 mm diffuse posterior annular bulge with moderate bilateral foraminal narrowing at lumbar 5-sacral 1. On October 16, 2014, the injured worker complains of significant painful symptoms of the neck, midback, and lower back. The physical exam revealed tenderness over the occipitalis, posterior cervical, lumbar, and thoracic paraspinals muscles. There was a grossly antalgic gait with weight-bearing favored on the right leg. He walked with a cane. The functional restoration program physician noted the injured

worker remained reliant on pain medication despite continued encouragement to decrease pain medication usage over time. On November 24, 2014 Utilization Review non-certified a request for 6 sessions a functional restoration aftercare program, noting the lack of evidence of significant functional improvement, objective functional improvement, or a reduction in medication use as a result of the functional restoration program to date. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of a functional restoration program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Pain Programs Section

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

Decision rationale: This patient presents with neck, mid-back, and low back pain. The treater is requesting 6 SESSIONS OF FUNCTIONAL RESTORATION PROGRAM. The RFA dated 10/21/2014 shows a request for additional 80 hours of [redacted]. The patient's date of injury is from 06/10/2009, and his current work status is permanent and stationary. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including:1.Adequate and thorough evaluation has been made.2.Previous methods of treating chronic pain had been unsuccessful.3. Significant loss of the ability to function independently resulting from chronic pain.4. Not a candidate for surgery or other treatments would clearly be warranted.5. The patient exhibits motivation change.6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc.The FRP weekly progress report from 09/29/2014 to 10/03/2014 shows that the patient has completed a total of 24 hours in this program. At the end of week 1, the patient is already showing improvement in many aspects of his psychological and behavioral functional capacity. He began to develop a foundation in broad-based exercise program consisting of cardiovascular, flexibility, core strengthening, and resistance training in improving his functional abilities in the neck and back. The weekly progress report from 10/06/2014 to 10/10/2014 shows that the patient has completed 54 hours of this program. The patient has expressed that [redacted] has given him hope and motivation to functionally improve. He has begun making significant progress in reaching his goals established at the beginning of treatment. The weekly progress report from 10/16/2014 to 10/17/2014 shows a cumulative 63 hours from this program. The treatment plan is: 1) increase his tolerance for cardiovascular training, up to 20 minutes, at least 4 days a week; 2) focus on increasing strength of the bilateral gluteus medius muscles so that he can more easily perform transfers from sit to stand, squat, and into lunge positions; 3) focus on improving the strength of lumbar core musculature so that patient can more easily achieve and obtain neutral spine during transitional activities and walking. In this case, the patient has completed 63 hours of FRP with

some improvement. The MTUS guidelines recommends up to 20 days and the request for 6 sessions is within guidelines. The request IS medically necessary.