

Case Number:	CM15-0016208		
Date Assigned:	02/04/2015	Date of Injury:	04/04/2012
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: Preventive Medicine, Occupational Medicine

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 41 year old male, who sustained an industrial injury on April 4, 2012. The diagnoses have included lumbar disc displacement without myelopathy, pain in the lower leg joint and neck pain. Treatment to date has included chiropractic therapy, TENS, lumbar epidural steroid injection, lumbar facet injection, functional restoration program and medication. Currently, the injured worker complains of chronic low back and left knee pain. He completed a functional restoration program and noted improved flexibility of the lumbar spine. He reported signification pain in his neck and denied motor weakness in the upper extremities and loss of sensation. On December 29, 2014 Utilization Review non-certified a request for six sessions of [REDACTED] Functional Restoration Aftercare Program, noting that there was insufficient evidence to support participation in the program and documentation to support that the injured worker's pain and function had improved. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the National Guideline Clearinghouse failed to reveal any guidelines or scientific evidence to support an aftercare program. On January 28, 2015, the injured worker submitted an application for IMR for review of six sessions of [REDACTED] Functional Restoration Aftercare Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of [REDACTED] Functional Restoration Aftercare 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 1, pg 5, 11, 15-6; Chp 3, pg 48; Chp 5, pg 77, 92; Chp 12, pg 299-301, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Work conditioning, work hardening Page.

Decision rationale: Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should be used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. Furthermore, the ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. The data suggests the longer the individual is off work the less effective physical rehabilitation becomes. This motivated patient has attended and benefited from a FRP but has been off work for a significant time period. Since there are no specific guidelines that actually address a post-FRP it makes sense to consider it as a work hardening program. The patient does meet the requirements for such a program. In light of this, continued organized training in a program that has already been shown to be helpful for this patient makes sense and would be indicated to expedite returning this individual to the workforce. Medical necessity has been established.