

Case Number:	CM15-0110192		
Date Assigned:	06/16/2015	Date of Injury:	10/06/2010
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year old male, with a reported date of injury of 10/06/2010. The diagnoses include lumbar back pain, depression, reflex sympathetic dystrophy of the lower limb, and ankle joint pain. Treatments to date have included oral medications, three sympathetic blocks with no relief, a cane, oral medications, an MRI of the lumbar spine on 01/15/2014 which showed disc degeneration and annular fissures at L3-4, L4-5, and L5-S1, and functional restoration program (FRP). The medical report dated 05/27/2015 indicates that the injured worker was still having shooting pain from the foot up the leg. He still had back pain and neck pain. The injured worker rated his pain 6 out of 10. He reported that he had fallen more than twice getting in and out of the shower. He continued to cope with depression and anxiety. It was noted that the injured worker completed the functional restoration program with good success. He felt that he was getting stronger and that his stamina was increasing. The injured worker stated that his mood was improved and that he felt better about his future with chronic pain. The physical examination showed restricted bilateral lumbar spine range of motion in all planes with increased pain, muscle guarding, a slightly antalgic gait, use of a cane, normal motor strength of the bilateral lower extremities, positive bilateral straight leg raise test, a normal affect, and good judgment. It was noted that the injured worker's participation in the FRP was going well with tangible improvements in strength, stamina, and mood. The treating provider recommended that he continue the program. The comprehensive multidisciplinary progress report dated 04/02/2015 indicates that the treatment plan indicated that continued participation in the FRP was essential in order to progress the injured worker's level of function. It was anticipated that he would be

able to increase his ability to perform single hand carry to 5 pounds, double hand carry to 6 pounds, waist to shoulder to 8 pounds, and shoulder to overhead to 8 pounds. The treating

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration programs; ten (10) additional days (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49.

Decision rationale: The claimant sustained a work injury in October 2010 and is being treated for OF CRPS affecting the right lower extremity. Treatments have included completion of four weeks in a functional restoration program. A progress report dated 04/02/15 references ongoing pain rated at 6-7/10. He was continuing to take Norco. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan and the claimant has not decreased his use of medications. The requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.