

Case Number:	CM15-0111289		
Date Assigned:	06/17/2015	Date of Injury:	06/27/2014
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 52 year old male, who sustained an industrial/work injury on 6/27/14. He reported initial complaints of bilateral knee pain as well as neck and low back pain. The injured worker was diagnosed as having bilateral knee degenerative joint disease, bilateral knee contusion, C5-6 disc degeneration, lumbar strain, right L3 radiculopathy vs right hip degenerative joint disease or labral tear, L4-5 and L5-S1 facet arthropathy. Treatment to date has included medication and diagnostic testing. MRI results were reported on 3/23/15. X-Rays results were reported on 2/23/15. Currently, the injured worker complains of low back pain rated 5/10 with medication and 7/10 without medication. Per the primary physician's orthopedic spine surgery report (PR-2) on 4/6/15, cervical exam revealed tenderness in the paravertebral muscles. The lumbar exam revealed decreased range of motion and positive facet loading test. The requested treatments include Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 6 hours a day, 5 days a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Page(s): 30-34.

Decision rationale: Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines 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: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre- referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no discussion regarding motivation to change, and no mention of negative predictors of success. Although the patient continues with chronic low back, neck, and knee pain, these issues must be addressed prior to FRP entry. The current request is not medically necessary.