

Case Number:	CM15-0112200		
Date Assigned:	06/12/2015	Date of Injury:	10/24/2011
Decision Date:	07/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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: Internal 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 was a 48 year old female, who sustained an industrial injury, October 24, 2011. The injured worker previously received the following treatments functional restoration program from May 5, 2015 to May 8 2015, Venlafaxine, Gabapentin, Orphenadrine, Aspirin, Metformin, Simvastatin, Norco, Omeprazole and Ambien. The injured worker was diagnosed with chronic cervical strain, cervicogenic headaches, chronic low back pain with right lumbar radiculitis and bilateral L5 pars defect with grade 1 anterolisthesis of L5 and S1, chronic pain syndrome, reactive depression and pain related insomnia. According to functional restoration discharge summary of May 8, 2015, the injured workers made progress with establishing a blended program of cardiovascular, flexibility, core and resistance training aimed at improving the functional abilities in the back and neck. The injured worker increased the cervical flexion by 15 degrees. The lumbar spine had improvement in flexion and extension. The shoulder range of motion had improved by 30% from admission. The injured worker was continuing physical therapy. The injured worker was taught relaxation techniques and improved pain coping through cognitive behavioral. The injured worker was tolerating maintenance of the medial regimen despite increasing activity levels. The treatment plan included 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 x6 sessions of after care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. Functional restoration aftercare program 6 sessions was requested. The medical records indicates that the date of injury was 10/24/11. The functional restoration program FRP progress report for week 6 documented discharge on 5/8/15. The patient was discharged from the FRP functional restoration program. The discharge report dated 5/8/15 documented that 6 weeks of the FRP were completed. Per MTUS, total treatment duration should generally not exceed 20 sessions. Per MTUS, generally FRP treatment is not suggested for longer than 2 weeks. Medical records indicate that the patient completed 6 weeks of the FRP functional restoration program, and was discharged on 5/8/15. The request for 6 additional sessions is not supported by MTUS guidelines. Therefore, the request for functional restoration program 6 after care sessions is not medically necessary.