MAXIMUS Federal Services

Case Number:	CM15-0113499		
Date Assigned:	06/19/2015	Date of Injury:	03/28/2008
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 43 year old female who sustained an industrial injury on 3/28/08. Diagnoses are pain disorder associated with both general medical condition and psychological factors, depressive disorder, lumbosacral or thoracic neuritis, lumbar degenerative disc disease, sacroiliac ligament sprain/strain, and lumbalgia/lumbar intervertebral. In a treating physician progress report dated 2/5/15, objective findings are positive for tenderness to palpation at the lumbar spine, sacrum, lumbar sacroiliac joint and there is decreased sensation to light touch at L3 on the right and L5 and S1 on the left. Lumbar range of motion is limited in flexion and extension secondary to pain. In a comprehensive pain evaluation note dated 5/21/15, the physician reports, under her primary care physician, the injured worker received medical management, physical therapy and a few sessions of chiropractic therapy. She states pain as 5-6/10 and radiates from her lower back down her left buttocks and into her left leg. MRI of the lumbar spine done 7/17/08 demonstrated multilevel degenerative disc disease and less than a 2mm annular disc bulge at L5/S1. An electrodiagnostic study done 8/2008 supported left S1 nerve root irritation. On 10/9/09, she was deemed permanent and stationary and continues to work a modified work schedule of 6 hours per day. Current complaints are of continuous pain in her lower back, left knee, left shoulder and neck. She states she is never pain free and that her pain level has increased since first receiving treatment for pain in 2008. She has been hospitalized 2-3 times for her pain symptoms. The injured worker reported ongoing symptoms of chronic pain, depression, and insomnia. Prior treatments include Norco, Soma, a lumbar epidural injection on June 2009 which increased her pain, a 2nd lumbar epidural injection which offered mild temporary improvement, aqua therapy which was considered beneficial, psychological treatment from 2/2010 to 9/2010 for stress and depression associated with her

injury, Gabapentin, Tramadol, Lidoderm patch, and Neurontin -all of which were not beneficial, Ibuprofen which gave her gastrointestinal discomfort , massage, acupuncture, surgery, trigger point injections, physical therapy, chiropractics and transcutaneous electrical nerve stimulation. The requested treatment is Functional Restoration Program (hours) quantity 160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient was injured on 03/28/08 and presents with low back pain. The request is for functional restoration program (hours) "to restore loss function, develop tools to better self-manage pain and other related symptoms, and put her in a position where she can reliably return back to the workplace in the near future." The RFA is dated 05/27/15 and the patient is to return to modified work on 02/19/15. There is no documentation of any prior FRP the patient may have had. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient has tenderness to palpation at the medial or lateral bilateral elbows, a limited lumbar spine range of motion, a positive straight leg raise on the left, and tenderness to palpation over the bilateral lumbar paraspinals, bilateral sacroiliac joints, and bilateral piriformii. She is diagnosed with lumbar degenerative disc disease, lumbosacral neuritis, and sacroiliac ligament sprain/strain. The 05/21/15 functional restoration program comprehensive pain evaluation states the following: "An adequate and thorough evaluation has taken place by virtue of today's assessment. The functional measurement testing can be referenced in the physical therapy portion of today's report. Previous methods of treatment have been if limited success thus far and there are no specific orthopedic treatments required for particular injuries. The patient has had significant loss of function due to her injury and associated chronic pain. This has included limitations with ADLs, inability to continue to work at her job, and other limitations along those lines. The patient is not a candidate for surgery. The patient exhibited a strong motivation for change during today's assessment and we believe she will participate well and make good progress on a week-to-week basis. Negative predictors of success have been addressed by virtue of today's assessment. There are no specific red flags that need to be addressed prior to her beginning treatment in the program." In this case, a 2-week course of 80-hour trial of FRP would be reasonable; however, the treater is requesting for 160 hours of Functional Restoration Program. Therefore, the requested Functional Restoration Program of 160 hours is not medically necessary.