

Case Number:	CM15-0116756		
Date Assigned:	06/24/2015	Date of Injury:	10/25/2012
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10/25/2012. He reported acute low back pain with pushing/pulling activity. Diagnoses include lumbar spondylosis and chronic pain. He has a history of opioid therapy and was referred by the union to an opioid detoxification center in 2013. He is status post lumbar fusion on 2/17/15. Treatments to date include medication management, physical therapy, epidural injections, and medial branch blocks. The records indicated he completed six weeks of a functional restoration program. Currently, he complained of low back pain. On 6/1/15, the physical examination documented lumbar muscle spasms and guarding with decreased range of motion. The records indicated he self-weaned off opioids. The record indicated completion of 160 hours in a functional restoration program on 5/8/15, noted to be beneficial for improving methods of cognitive and behavioral coping mechanisms. The plan of care included six additional sessions in a functional restoration program for aftercare therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California functional restoration aftercare program x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant had completed 160 hours of FRP (about 20 days) with noted improvement. The provider indicated that additional sessions would be to improve function, engage further in activities, increase core strength and engage in community contacts. The request for 6 additional sessions is appropriate and medically necessary.