

Case Number:	CM15-0126892		
Date Assigned:	07/13/2015	Date of Injury:	03/21/2012
Decision Date:	08/10/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: Preventive Medicine, Occupational 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 is a 35 year old male who sustained an industrial injury on 3/21/12. He has reported initial complaints of a low back injury. The diagnoses have included lumbar strain/sprain, low back pain and L5-S1 degenerative disc disease with spondylolisthesis now status post lumbar L5-S1 fusion (03/18/14). Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays of the lumbar spine. Currently, as per the physician progress note dated 5/15/15, the injured worker complained of low back pain, mid back pain and pain in both ankles. The physical exam reveals lumbar range of motion allowing for 80 degrees of flexion at the hips with forward reach to the ankles, negative straight leg raise and normal neurologic exam of the lower extremities. The physician noted that the injured worker would be an excellent candidate for a 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, 10 initial sessions for 4 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 1 pg 15-6; Chp 5, pg 92; Chp 12, pg 299-301, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Chronic pain programs (functional restoration programs) Page(s): Part 1, pg 7-8, Part 2, pg 26, 30-4, 49.

Decision rationale: Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should be used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. The ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. The data suggests the longer the individual is off work the less effective physical rehabilitation becomes. The crux of the decision to have this patient undergo a FRP hinges on this patient's motivation, which is key to a successful rehabilitation. However, the MTUS also lists selection criteria for enrollment in a FRP. The provider has not established that the patient meets these criteria nor established that he is motivated to return to the workforce. He has undergone multiple therapies yet continues to have significant pain. There were no notes nor psychological evaluations to assess for mental, financial or social barriers to healing. At this point in the care of this patient medical necessity for enrollment in a Functional Restoration Program has not been established.