MAXIMUS Federal Services

Case Number:	CM15-0139020		
Date Assigned:	07/29/2015	Date of Injury:	06/17/1995
Decision Date:	12/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
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 57 year old female, who sustained an industrial-work injury on 6-17-95. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial restrictions in multiple areas, severe depression, and fear based avoidance of activity. Treatment to date has included pain medication, bracing, injections, acupuncture, aqua therapy, transcutaneous electrical nerve stimulation (TENS), Interferential Unit (IF), diagnostics, chiropractic which all has worsened the condition. Medical records dated 6-3-15 indicate that the injured worker complains of pain rated 7 out of 10 on the pain scale that may decrease to 5 out of 10 and present 90-100 percent of the time. The pain is described as aching, dull, hot, numbing and electrical. The medical records also indicate that she requires assistance with bathing, dressing, grooming and home duties. She also reports that she has had a complete loss of social activity and recreational activity such as walking on the beach, which she is now unable to do. Per the treating physician report dated 6-3-15 the injured worker has not returned to work since the date of injury. The physical exam dated 6-3-15 reveals that she is anxious and moves about antalgically. There are myofascial restrictions throughout the cervical, thoracic and lumbar areas. There are trigger points noted in the gluteus musculature as well as the lumbar paraspinous musculature. There is tenderness to palpation in the lumbosacral musculature. The physician indicates that she is for evaluation to determine the optimal treatment plan for her pain. She is not a surgical candidate and previous methods of treating the chronic pain have been unsuccessful. She is excited about participating in Functional Restoration Program in order to improve her overall abilities. The physician indicates functional goals are to increase tolerance in walking from 15 minutes to 50 minutes and increase tolerance in lifting and

carrying from 5 pounds to 20 pounds. The request for authorization date was 6-12-15 and requested service included Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury. The original Utilization review dated 6-23-15 non-certified the request for Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: CA MTUS Guidelines recommend chronic pain programs, including functional restoration programs (FRP), for patients who meet certain criteria. In this case, there is no thorough evaluation that includes baseline functional testing, which is required. The patient has failed many conservative treatments, including 38 different medications for her chronic low back pain. While the patient does report difficulty in performing activities of daily living, she is able to accomplish them. The patient has significant levels of psychosocial stress, including depression and "fear-based avoidance of activity,' a negative predictor for success in an FRP. In addition, the pre-referral disability time is 20 years, and the patient has not worked since this time. There is no stated intention to return to work and no clinical indicators presented for the need for an FRP. Therefore, based on the above findings, the request for an FRP is not medically necessary or appropriate.