

Case Number:	CM15-0172461		
Date Assigned:	09/14/2015	Date of Injury:	07/22/2013
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
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 is a 36 year old male who sustained an industrial injury on 07-22-13. A review of the medical records indicates the injured worker is undergoing treatment for cervical and lumbar disc displacement as well as cervical and lumbar spinal stenosis. Medical records (08-07-15) reveal the injured worker complains of shoulder, cervical neck, low back, and right great toe pain. No pain ratings are documented on this date of service. The physical exam (08-04-15) reveals an antalgic gait, and decreased range of motion in the cervical and lumbar spines, with muscle tenderness and guarding at the base of the cervical spine. Treatment has included physical therapy, medications including Lunesta, naproxen, and mirtazapine, as well as 3 epidural steroid injections and a lumbar facet injection. The treating provider (08-07-15) indicates a lumbar disc protrusion, impinging on the exiting L4 nerve root, as well as cervical canal narrowing at C5-6. The original utilization review dated 08-20-15 for non-certified the 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 (FRP) 160 hrs; Cervical, Lumbar; Right Ankle and Right Foot Pain as outpatient: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program 160 hours, cervical, lumbar, right ankle and right foot pain, as an outpatient is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are cervical disc displacement without myelopathy; cervical spinal stenosis; lumbar disc displacement without myelopathy; and spinal stenosis lumbar. The date of injury is July 22, 2013. Request for authorization is dated August 13, 2015. The treating provider completed a functional restoration program evaluation. A functional restoration program was deemed appropriate for the injured worker. The treating provider requested 160 hours. The guidelines recommend: "Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains". Based on the clinical information medical record, peer-reviewed evidence-based guidelines and no documentation of a two-week functional restoration to gauge subjective and objective improvement, functional restoration program 160 hours, cervical, lumbar, right ankle and right foot pain, as an outpatient is not medically necessary.