

Case Number:	CM15-0174558		
Date Assigned:	10/02/2015	Date of Injury:	09/25/2006
Decision Date:	11/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, 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:

This is a 56 year old male patient, who sustained an industrial-work injury on 9-28-06. He sustained the injury due to slip and fall incident. The diagnoses include lumbar disc displacement, psychogenic pain, chronic pain, and long term use of medications. Per the doctor's note dated 10/1/2015, he had complaints of low back and leg pain; depression. Per the notes dated 7-31-15 the patient has complains of low back pain that radiates to the left lower extremity (LLE). He rates the pain 10+ out of 10 without medication and 7 out of 10 with medication. The medical records also indicated worsening of the activities of daily living. He has difficulty with climbing stairs, he can walk a limited distance and the pain interferes with social and recreational activities. The physician indicates that the patient had an initial Functional Restoration Program evaluation on 5-26-15 and was found to be a good candidate for the program. The injured worker is interested in the program, as he would like to rehabilitate to some form of work. Per the treating physician report dated 7-31-15 the injured worker has not returned to work since the date of injury 9-28-06. The physical exam dated 7-31-15 revealed antalgic gait and uses a cane, decreased sensation in the dermatomes left L5 and S1. The physician indicates that given the patient's pain complaints, psychological condition and significant functional limitations despite the prior treatments, the patient would best be treated in a multidisciplinary program. The medications list includes zanaflex, lunesta, venlafaxine, cyclobenzaprine, Norco and Lyrica. Per the psychological evaluation dated 5/26/15, the patient has moderately severe depression and severe anxiety. He had lumbar spine MRI on 11/14/2007 and EMG dated 12/6/2006 which revealed left L5 and S1 radiculopathy. Treatment to date has included pain medication, diagnostics, consultations, physical therapy, epidural steroid injection

(ESI), off of work and other modalities. The physician indicates that he is requesting a trial of 80 hours Functional restoration program (█FRP). The request for authorization date was 8-6-15 and requested service included Functional restoration program (█FRP). The original Utilization review dated 8-18-15 non-certified the request for Functional restoration program (█FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (█FRP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the cited guidelines; Criteria for the general use of multidisciplinary pain management programs-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, (6) Negative predictors of success above have been addressed. Per the cited guidelines; The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs, (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), (7) Duration of pre-referral disability time; (8) prevalence of opioid use. This patient's date of injury was in 2006 therefore he had an increased duration of pre-referral disability time. The patient also had moderately severe depression and severe anxiety. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of Functional restoration program (█FRP) is not fully established for this patient.