

Case Number:	CM15-0174664		
Date Assigned:	09/16/2015	Date of Injury:	12/29/2009
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
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: 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 63 year old female, who sustained an industrial injury on 12-29-09. She reported neck pain. The injured worker was diagnosed as having lumbar disc with radiculitis, degeneration of lumbar disc, low back pain, and degeneration of cervical disc. Treatment to date has included approximately 8 days in a functional restoration program, physical therapy, home exercise, a L4-5 transforaminal epidural steroid injection, and medication. Physical examination findings on 8-20-15 included limited cervical and lumbar range of motion with increase in pain in all planes. Motor strength was normal in bilateral upper and lower extremities. Sensation was diminished along the right L4, L5, and S1 dermatomes to light touch. Evidence of lateral and medial epicondylitis was noted and range of motion in the left ankle was diminished in dorsi and plantar flexion. A functional restoration program progress report noted the injured worker "engages in exercise regimen and has noted improvement in her exercise tolerance." Currently, the injured worker complains of pain in the cervical and lumbar spine. On 8-14-15 the treating physician requested authorization for a functional restoration program x10 days, a hotel stay during the functional restoration program x10 days, and meals during participation in the functional restoration program x20. On 8-21-15 the requests were modified or non-certified. Regarding the functional restoration program, the utilization review (UR) physician noted "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Since only the first 4 days of FRCP treatment have been completed per the report, this request will be modified to a quantity of 5." Regarding a hotel stay, the UR physician noted "the request is reasonable if the accommodation cost does

not exceed \$█ per day" the request was modified to a quantity of 5. Regarding meals, the UR physician noted "the request does not meet medical necessity and is denied."

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days functional restoration program: 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: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker has recently participated in 4 days of a functional restoration program with positive results. The guidelines allow for a 2 week trial of a functional restoration program, which would only be another 5 or 6 days of functional restoration program prior to determining if additional days are indicated. UR had modified the request to be consistent with the recommendations of the MTUS Guidelines. The request for 10 Days functional restoration program is not medically necessary.

10 days hotel stay during functional restoration program: 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: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker has recently participated in 4 days of a functional restoration program with positive results. The guidelines allow for a 2 week trial of a functional restoration program, which would only be another 5 or 6 days of functional restoration program prior to determining if additional days are indicated. UR had modified the request to be consistent with the recommendations of the MTUS Guidelines. Providing lodging for 10 days is therefore not

appropriate. The request for 10 days hotel stay during functional restoration program is not medically necessary.

20 Meals (10 days) during participation in functional restoration program: 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: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker has recently participated in 4 days of a functional restoration program with positive results. The guidelines allow for a 2 week trial of a functional restoration program, which would only be another 5 or 6 days of functional restoration program prior to determining if additional days are indicated. UR had modified the request to be consistent with the recommendations of the MTUS Guidelines. Providing meals during outpatient services is not considered medical treatment and meals for 10 days exceeds the length of functional restoration program that would be supported at this time. The request for 20 Meals (10 days) during participation in functional restoration program is not medically necessary.