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| Case Number: | CM15-0175288 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 06/03/2013 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/11/2015 |
| 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 46 year old female who reported an industrial injury on 6-3-2013. Her diagnoses, and or impression, were noted to include lumbar disc displacement without myelopathy; chronic pain syndrome; lumbago; cervicgia; and arthropathy. Recent magnetic imaging studies of the cervical spine were done on 1-8-2015, the left shoulder on 1-21-2015, and the lumbar spine on 5-20-2015. Her treatments were noted to include: electrodiagnostic studies of the lower extremities (11-24-14); physical therapy; acupuncture; chiropractic treatments; left-sided lumbosacral transforaminal epidural steroid injection (12-3-14); a home exercise program; psychological evaluation and treatment (2-4-15); medication management with toxicology studies; and rest from work. The progress notes of 5-28-2015 reported a follow-up visit for complaints, or reports, of: unchanged, neck, lower back, left lower extremity and left shoulder pain, rated 8 out of 10, which radiated to the left thigh, leg and foot, and her stating relief by medications which adequately managed her pain; and of poor quality of sleep. Objective findings were noted to include: no acute distress; an antalgic gait; restricted cervical range-of-motion with positive left cervical facet loading; left lumbar para-vertebral tenderness with painful-restricted range-of-motion and positive left straight leg raise; painful and restricted left shoulder range-of-motion with positive Neer's test and tenderness in the acromioclavicular joint, biceps groove, coracoid process and glenohumeral joint; limited motor examination due to pain; and decreased sensation over the left medial and lateral thigh, and medial and lateral forearm. The physician's requests for treatments were noted to include "patient is a good candidate for the FRP. Request FRPIE. Request an FRP initial evaluation." The Request for Authorization, dated 6-4-2015, was noted for initial evaluation for functional restoration program, "IFRP

will perform a thorough inter-disciplinary evaluation in order to determine patient's capacity for the program, a one-time evaluation." The Utilization Review of 8-11-2015 non-certified the request for 64 hours of functional restoration program (initial trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial trial of Functional Restoration Program for 64 hours: 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 patient is a 46 year old female with an injury on 06/03/2013. She has chronic low back, neck and left shoulder pain and in 2015 had MRIs of each. She has been treated with medications with urine drug testing, physical therapy, acupuncture, chiropractic therapy and since 02/04/15 psych evaluation and treatment. As of 05/28/2015, she was unchanged. MTUS, Chronic Pain notes that research is still ongoing as to the appropriate selection of patients for a FRP. MTUS also notes that for patients with neck and shoulder pain there is little scientific evidence of efficacy for FRP. This patient has both neck pain and shoulder pain. There is a better record for decreased pain and increased function of FRPs for low back pain but even in that area, in terms of vocational outcome, FRPs are disappointing. That is, these programs do not improve placing patients back to work. Last, the request is for an initial trial of 64 hours, which is inconsistent with MTUS guidelines, which note that there must be objective documentation of improvement with an initial trial of 2 weeks before further FRP treatment can be approved. At 10 days; these programs are closed over the weekend, the requested 64 hours would be 6.4 hours a day and that is not medically necessary for days of a FRP. The requested 64 hours of initial FRP treatment is not consistent with MTUS guidelines and is not medically necessary.