

Case Number:	CM15-0175434		
Date Assigned:	09/28/2015	Date of Injury:	11/05/1999
Decision Date:	11/03/2015	UR Denial Date:	08/06/2015
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: Arizona, 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:

The injured worker is a 63 year old female, who sustained an industrial injury on November 5, 1999. The injured worker was noted to be involved in a motor vehicle accident in which she hit the windshield and was unconscious. She also injured her left knee, elbows, rib and back. The injured worker was diagnosed as status post motor vehicle accident, post concussion syndrome, headache, migraine headaches new, cervical sprain and strain syndrome, left lateral epicondylitis with occasional left hand paresthesias, low back pain with intermittent sciatic paresthesias symptoms bilaterally with preexisting multiple level disc disease and degenerative joint disease with spurs and left knee pain possible patellofemoral disorder. Treatment to date has included diagnostic studies, surgery, Functional Rehabilitation Program, injections, physical therapy and medications. On July 28, 2015, the injured worker complained of pain in her low back as constant, dull and aching with radiation to her legs. The pain was rated as a 6-7 on a 1-10 pain scale. The injured worker also reported pain in her right knee described as constant and goes up with movements. She reported popping and difficulty taking stairs. Notes stated that she was participating in the Functional Restoration Program. She noted having improved flexibility, endurance, strength, balance and postural awareness. The injured worker reported taking her pain medications on an as needed basis. The treatment plan included continuation of the Functional Rehabilitation Program, repeat lumbar epidural S1 intraforaminal steroid injection, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 hours (10 days) of a Functional Restoration Program: Phase I to include 24 Functional Conditioning Sessions (Therapeutic Exercise up to 48 hours); 8 Cognitive Behavioral Therapy sessions (up to 16 hours); 8 Nutrition and Lifestyle sessions (patient education up to 16 hours); 8 Meditation sessions: 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): Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention, Yoga.

Decision rationale: According to the guidelines, 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, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant has undergone a function rehabilitation program. The claimant has a history and desire to improve and return to work. However, the claimant has performed home exercises and yoga at home over the past 2 years. There is no indication that much of the FRP cannot be performed by the claimant independently. The request for the multi-phase functional restoration program is not medically necessary.