

Case Number:	CM15-0176137		
Date Assigned:	10/06/2015	Date of Injury:	09/19/2012
Decision Date:	11/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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 54 year old male who sustained an industrial injury on 9-19-12. The medical records indicate that the injured worker is being treated for L5-S1 spondylolisthesis; status post partial knee replacement, left (5-2014); status post left calcaneal fracture (10-2-12); probable C5-6, C6-7 degenerative disc disease or disc protrusion. He currently (7-24-15) complains of constant low back pain (7 out of 10) with posterior lateral left leg pain with numbness, tingling and weakness in the right greater than left arm; neck pain (6 out of 10); numbness and tingling in both feet. On physical exam of the lumbar spine with decreased range of motion; cervical spine reveals decreased range of motion with pain, Spurling's maneuver elicits occipital pain which radiates into the head. His overall pain level on 2-18-15 was 7 out of 10. On 3-11-15 the injured worker had a behavioral medicine evaluation revealing limited activities due to feelings of pain and discomfort. The physical function consult (3-11-15) revealed dependence for all activities of daily living, uses a cane for ambulation and felt that the injured worker would benefit from a functional restoration program. Diagnostics included MRI of the lumbar spine (10-13-14) with abnormalities. Treatments to date included lumbar facet joint injections (7-31-15) with minimal benefit; lumbar epidural steroid injection (1-9-15) medications: Terocin patches, gabapentin, tramadol with limited benefit; physical therapy with limited effect. The request for authorization dated 7-24-15 was for functional restoration program 5 days per week for 8 weeks for a total of 40 sessions. On 8-19-15 Utilization Review non-certified the request for 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: 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. 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. 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 request is for 40 sessions over 8 weeks which exceeds the recommended guidelines of two weeks to access efficacy. The request for functional restoration program is determined to not be medically necessary.