

<b>Case Number:</b>	CM15-0176832		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 32-year-old man sustained an industrial injury on 5-14-2013 after falling while carrying 20 trays. Treatment has included oral medications, use of a cane or wheeled walker, and functional rehabilitation program. Physician notes from the functional rehabilitation program integrative report summary report dated 7-31-2015 show a summary of services available, the worker's participation record, and classes and lectures that the worker has attended as well as information the worker has received. The worker is noted to be in full attendance, responding well, performing independent exercises, and making good functional progress. The worker still displays an antalgic gait pattern, has a somatic focus, increased collateral weight shift, increasing in pain flare-up as a result of his progression, however, he is independent with initiation of and institution of management strategies. He is currently complaining of low back, hip, and groin pain. Recommendations include an additional 10 days of functional rehabilitation program treatment. Utilization Review denied a request for additional days in the functional rehabilitation program citing documentation does not support significant functional gains, further, the worker is in excess of the amount of days recommended for this program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

█ **program additional 50 hours in 10 days: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, [REDACTED] program, additional 50 hours in 10 days is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses (from the request for authorization) are derangement right (?); low back pain; and severe depression. Date of injury is May 14, 2013. Request for authorization is August 10, 2015. According to the progress note dated June 22, 2015 (FRP dates August 3, 2015 through August 5, 2015), injured worker completed 32 days or 160 hours of a functional restoration program. The injured worker met most of his goals. The injured worker is performing well in group therapy. The requesting provider's rationale for an additional 10 days is to further the injured worker's progress with transition from a walker to a cane. There are no compelling clinical facts in the medical record to support an additional 50 hours or 10 days. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts with a clear rationale to support an additional 50 hours for 10 days the functional restoration program, [REDACTED] program, additional 50 hours in 10 days is not medically necessary.