

Case Number:	CM15-0177793		
Date Assigned:	09/18/2015	Date of Injury:	10/30/2012
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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 30 year old female who sustained an industrial injury on 10-30-12. A review of the medical records indicates she is undergoing treatment for chronic neck, upper and lower back, and right buttock and leg pain, lumbar degenerative disk disease L5-S1, reactive paraspinous myofascial pain and deconditioning (cervical, thoracic, lumbar, and gluteal musculature), first term gestation, and gestational diabetes. Medical records (5-9-15 to 8-7-15) indicate ongoing complaints of lower back pain, bilateral leg pain, bilateral buttock pain, bilateral arm pain, and upper back pain. She reports the intensity of her pain as 4 out of 10, on average. She reports that her pain is present "50% of the time". She describes her pain as "aching, throbbing, shooting, stabbing, sharp, burning, electrical, numbing, and pins and needles". She reports that her pain has impacted her ability to participate in "home duties and child care". She denies that the pain has impacted her ability to participate in activities of daily living, such as bathing, dressing, or grooming (8-7-15). The physical exam (8-7-15) indicates that the injured worker is currently pregnant. Tenderness on palpation was noted of the suboccipital, paraspinous cervical region with muscle spasm throughout the area. She was noted to have "obvious trigger points and tendon points with the majority of them focused around the bilateral lumbar region, right greater than left" and "similar tender points in the right gluteals, which lead to complaints of pain intermittently radiating to her leg". Diagnostic studies have included an EMG and MRI of the lumbar spine. Treatment has included physical therapy, a TENS unit, trigger point injections, pain medications, a home exercise program, chiropractic treatments, and a right and left L5 transforaminal epidural steroid injection. An evaluation for

candidacy of a functional restoration program was completed on 5-9-15. The evaluator states "I feel that her partial benefit from physical therapy provided to date and her exhaustion of that rehabilitative benefit combined with the lack of surgical treatment option and a high level of motivation to return to work all create a circumstance where now, despite having a characterized permanent disability, she needs to receive functional restoration as part of her future medical care". On 8-7-15, the injured worker voiced feelings of being overwhelmed with the news of her pregnancy, and realizes that the pregnancy "gives her a narrowing window of opportunity to make the rehabilitative recovery that she needs to, to become both independent at home and in managing her childcare, and to be able to return to the competitive open labor market". The report states, "This new burden, rather than overwhelming, has been a focusing event for her and leads her today to review the opportunities here in the functional restoration program with a new level of discernment". Throughout the discussion between the injured worker and the provider, it was noted that the injured worker seemed "to have confidence in the rehabilitative treatment model that has only been underscored by her desire to stay away from any medicalized treatment due to her pregnancy". The utilization review (8-21-15) indicates denial of the request based on the unknown regarding her safety due to pregnancy. The UR states, "It seems that an obstetric evaluation and clearance is warranted prior to approval".

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP functional restoration program x 80 hours: Overturned

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 presents with pain in her lower back and bilateral legs, as well as her arms, buttocks, and upper back. The request is for HELP functional restoration program X 80 hours. The request for authorization is dated 08/27/15. Palpation of the suboccipital, paraspinous cervical region reveals continued evidence of tenderness with muscle spasm. She has trigger points and tendon points with the majority of them focused around the bilateral lumbar region. Tender points in the gluteal, which lead to complaints of pain intermittently radiating into her leg. The patient has met with qualified multidisciplinary team including a physician pain specialist, a psychologist and a physical therapist. The multidisciplinary team agrees that this patient meets the criteria for a functional restoration program. MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day

sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). Per progress report dated 08/27/15, treater's reason for the request is "Her pain has clearly lasted beyond the anticipated time of healing which by this authority makes the CPMTG applicable." The patient had a functional restoration program evaluation on 08/07/15. The patient is prepared to make the effort to fully participate in the functional restoration program. Becoming pregnant, rather than overwhelming, has been a focusing event for her and leads her today to review the opportunities here in the functional restoration program with a new level of discernment. Previous methods of treating her chronic pain have been unsuccessful thus far, and there is an absence of other options likely to result in significant clinical improvement. The patient has had trials of the following treatments: medications, TENS unit, physical therapy, home exercise program, chiropractic therapy, epidural steroid injections, and trigger point injections. Unfortunately, these have not resulted in sustained pain alleviation and she is not a surgical candidate. Furthermore, the patient has a significant loss of ability to function independently as a result of her chronic pain. We have assessed the negative predictors of success, including chronicity of pain and lack of formal education, but have found them to be outweighed by the opportunity for improvement. The patient has a strong desire to be rehabilitated and is motivated to participate in a functional restoration program, with a goal of increased function, reestablish independence in activities of daily living, and further integration into the community. Additionally, the patient describes a desire a return to work. In this case, Functional Restoration Program appears reasonable as MTUS guidelines support functional restoration program to address chronic pain and disability. Therefore, the request IS medically necessary.