

Case Number:	CM15-0178064		
Date Assigned:	09/18/2015	Date of Injury:	07/01/2014
Decision Date:	10/22/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on July 01, 2014. The injured worker was diagnosed as having neck, mid, upper, and low back paraspinal muscle pain, bilateral buttock and right greater than the left lower extremity pain, reactive paraspinal myofascial pain syndrome, multilevel lumbar degenerative disc disease at lumbar four to five and lumbar five to sacral one, opioid dependence, benzodiazepine dependence, post traumatic stress disorder, and severe depression. Treatment and diagnostic studies to date has included medication regimen, physical therapy of an unknown quantity, acupuncture of an unknown quantity, use of ice and heat, home exercise program, magnetic resonance imaging of the lumbar status post, x-ray of the spine, and psychotherapy of an unknown quantity. In a progress note dated August 31, 2015 the treating physician reports disorganized thinking, emotional lability, and complaints of "diffuse pain". In an evaluation performed on August 21, 2015 the evaluating physician noted that the injured worker was revealing for despair secondary to post traumatic stress disorder symptoms that was causing interference with the injured worker's sleep. The evaluating physician noted prior treatments of physical therapy and exercise program that had "worsened" the injured worker's condition but noted that acupuncture and her medication regimen "improved" her condition. On August 21, 2015 the evaluating physical therapist noted complaints of low back pain that radiates to the bilateral lower extremities with the right being worse than the left, along with irritation to the right knee and left periscapular region. The treating physical therapist noted that the injured worker's pain level was rated a 9 to 10 out of 10 with the worst a 10 out of 10 and the best a 7 to 3 out of 10. On August 21, 2015 the evaluating

physical therapist noted that the injured worker was at 50% independence for performing household duties, recreation activities, and with community participation. On August 21, 2015 the evaluating psychologist noted nightmares on her work injury, depression, anxiety, difficulty with concentration and memory, and difficulty falling asleep and staying asleep. On August 31, 2015 the treating physician requested 80 hours of treatment in a functional restoration program with the requesting physician noting that the injured worker has met a multi-disciplinary team including a pain specialist, a psychologist, and a physical therapy with these specialists noting that the injured worker "meets the criteria for a functional restoration program". On August 21, 2015 the evaluating physician noted that during the functional restoration program the injured worker would have psychological classes to understand her pain and work on coping skills, fitness and functional activities for strengthening and stability, and use of a life skills coach for goal setting and education. On September 08, 2015 the Utilization Review determined the request for 80 hours of treatment in a functional restoration program to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 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 claimant sustained a work injury in July 2014 and is being treated for injuries sustained when she was struck by a truck while working as a picker in a field. She was assessed for participation in a functional restoration program on 08/21/15 and determined to be an appropriate candidate for participation. The assessment included a psychological evaluation with findings of depression and anxiety which were not considered to be a barrier to participation. The claimant is described as having high levels of motivation including a desire to return to work. Participation for 80 hours is being requested. In terms of a Functional Restoration Program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. Guidelines treatment for up to two weeks with further treatment is there is evidence of subjective and objective gains. In this case, the claimant has undergone an appropriate evaluation and the program is being recommended. She appears motivated to participate and return to work is referenced. The number of initial hours of treatment is consistent with that recommend. The request is medically necessary.