

Case Number:	CM15-0067657		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2012
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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:

The injured worker is a 44 year old female who sustained an industrial injury on 7/9/2012. Her diagnoses, and/or impressions, included: psycho-physiological malfunction; psychic factors associated with diseases; chronic pain; lumbar degenerative disc disease; lumbar radiculopathy; partial tear of rotator cuff; disorders of the bursae and tendons in the shoulder region; and lumbosacral sprain/strain. No current magnetic resonance imaging studies are noted. Her treatments have included a functional restoration program (3/2015); and medication management. Progress notes of 3/27/2015 reported more physical endurance; with better activity pacing, better posture and better body mechanics; that she is more relaxed, patient, happier, is taking less medicine, and has improved sleep; is more positive in thinking and more confident; is more social, is communicating more, and is spending more time with family and friends; and that she is doing more at home. It was noted that she demonstrated good motivation but was moderately limited in activity participation due to a flare-up. The physician's requests for treatments were noted to include additional functional restoration program hours for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional functional restoration program for sixty hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31 - 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs), Biopsychosocial model of chronic pain Page(s): 30-34, 49, 25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (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 have been addressed. Access to programs with proven successful outcomes is required. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. The utilization review determination letter dated March 30, 2015 documented that the patient had been approved for four weeks of FRP functional restoration program treatment. The FRP functional restoration program report dated March 23, 2015 documented that the patient was currently in the first week of FRP treatment program. The functional restoration program FRP weekly integrative summary report dated March 27, 2015 documented that the patient was currently in the first week of FRP treatment program. The current week date range was from March 23, 2015 to March 27, 2015. Per MTUS, FRP treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions, which is equivalent to 4 weeks. On March 27, 2015, the patient was in the first week of a four week FRP program. Four weeks were previously certified. Per MTUS, total treatment duration should generally not exceed 20 full-day sessions, which is equivalent to 4 weeks. Because the patient was in the first week of the FRP, the request for a additional 60 hours of the FRP functional restoration program is not supported by MTUS guidelines. Therefore, the request for functional restoration program 60 hours is not medically necessary.