

Case Number:	CM15-0099027		
Date Assigned:	06/01/2015	Date of Injury:	04/21/1989
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 67 year old female sustained an industrial injury low back on 4/21/89. Previous treatment included magnetic resonance imaging, lumbar surgery, physical therapy, chiropractic therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. In an evaluation for a functional restoration program (FRP) dated 4/8/15, the injured worker complained of pain 7-9/10 on the visual analog scale. The injured worker reported requiring assistance for home duties, bathing, dressing and grooming. The injured worker reported loss of social activity and inability to engage in prior hobbies. The injured worker had not worked since her injury. Physical exam was remarkable for flattening of the normal lumbar curve with restricted lumbar spine range of motion, intact sensation and myofascial restrictions. The physician noted that the injured worker was not a candidate for surgery. Current diagnoses included lumbar spine degenerative disc disease, myofascial restrictions, poor understanding of condition and fear-based avoidance of activity. The treatment plan included 80 hours of participation on the [REDACTED] interdisciplinary pain rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program QTY: 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient presents with low back and bilateral lower extremities pain. The request is for FUNCTIONAL RESTORATION PROGRAM QTY: 80 HOURS. The request for authorization is dated 05/07/15. Physical examination reveals the patient has the ability to extend and flex at the low back only about 50% of normal. Rotation and side bending also produce pain. She has myofascial restrictions in the lumbar spine as well as into the gluteal region. She has received conservative therapy, including pain medications, TENS unit, physical therapy, chiropractic treatment, epidural steroid injection, and a home exercise program. She is not a candidate for surgery. She has not been able to continue working. The patient has a significant loss of ability to function independently resulting from the chronic pain. The patient exhibits motivation to change. Patient's medications include Ibuprofen, Omeprazole, Trazodone, Methimazole, Ramipril, Crestor, Estradiol, Hydrochlorothiazide, Alendronate Sodium and Aleve. MTUS guidelines page 49 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. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. Per progress report dated 05/06/15, treater's reason for the request is "We found [the patient] to be an appropriate candidate for the [REDACTED] program, as she meets CPMTG Criteria for the general use of multidisciplinary pain management programs." In this case, an adequate and thorough evaluation was made on 04/08/15, including baseline functional test. She has received conservative therapy, including pain medications, TENS unit, physical therapy, chiropractic treatment, epidural steroid injection, and a home exercise program. She is not a candidate for surgery. She has not been able to continue working. The patient has a significant loss of ability to function independently resulting from the chronic pain. The patient exhibits motivation to change. The indicated potential negative predictors of success was assessed, including the chronicity of the injury, level of depression, and opioid use, and found them to be outweighed by the opportunity for improvement. FRP appears reasonable as the MTUS supports functional restoration program to address chronic pain and disability. Therefore, the request IS medically necessary.