

Case Number:	CM14-0103141		
Date Assigned:	07/30/2014	Date of Injury:	10/07/2004
Decision Date:	09/30/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who sustained an injury on 10/07/04. As per a 08/11/14 progress report by [REDACTED], the patient complained of chronic knee shoulder and low back pain. She received lumbar epidural steroid injection on 07/29/14 which she was not sure if it had been helpful for her yet. She, however, did have good benefit with past injection which lasted almost 2 years. Objectively her gait was normal and non-antalgic. According to a 6/24/14 follow-up report, examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. ROM of lumbar spine was decreased by 50% with flexion, extension and rotation bilaterally. Sensations were decreased to light touch along the right lower extremity compared to the left lower extremity. Motor strength was also decreased with right lower extremity compared to the left lower extremity. Current medications include Oxycontin, Lidoderm Patch, Soma, Lovastatin, Aggrenox Capsule Sa, Glipizide, Janumet, Benazepril Hcl, and Prilosec Dr. Diagnoses include chronic pain in the lower leg and sacrum disorders. She had right knee total replacement surgery in 2008. Other past treatments include Hyalgan injections, Lumbar facet injections, Lumbar epidural steroid injection, aquatic therapy, physical therapy, and medications. She had the initial evaluation for a functional restoration program in 2010; however, the full program was denied. The request for 1 initial evaluation for a functional restoration program was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One initial evaluation for a functional restoration program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

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

Decision rationale: Functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM Practice Guidelines, 2nd Edition, page 92. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility ("locus of control") for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement. Multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated goal oriented functional restoration approach. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Criteria for the general use of multidisciplinary pain management programs: 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. In this case, the clinical information is limited and the medical records do not document the above criteria are met. There is no documentation of a baseline functional testing. There is no indication that the IW has a significant loss of ability to function independently resulting from the chronic pain. Negative predictors of success above have not been addressed. Therefore, the request for an initial evaluation for FRP is not medically necessary or appropriate.