

Case Number:	CM14-0185405		
Date Assigned:	11/13/2014	Date of Injury:	05/13/2011
Decision Date:	10/29/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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 57 year old male who sustained an industrial injury on 5-13-11. As per the 6-24-14 report, diagnoses are lumbar post laminectomy, lumbar radiculitis, acquired ankle and foot deformities not elsewhere classified (neuroma foot), rotator cuff tear-surgery 2012, and chronic pain syndrome. Previous treatment noted includes acupuncture, medication, surgery, physical therapy, epidural steroid injections, and home exercise. In a progress report dated 6-24-14, the physician notes he has a history of a lumbar fusion and required a second fusion, now being fused at L3-S1 level. He had urgent hardware removal a week after the spine surgery for a misaligned screw. He is status post right shoulder surgery. He has a history of right foot neuroma removals x2. He developed a left foot neuroma and is to start acupuncture to help with myofascial pains. It is noted he has opiate dependence and chronic low back and left foot pains. The injured worker complains of moderately severe low back pains, a stabbing that is radiating up to behind the scapulae and also to the left leg and has leg numbness. He notes Butrans is less effective and has not been able to taper the Norco. He complains of daily foot pains with inability to tolerate hard floors barefoot and that some days, he has to walk on the sides of his foot so as not to put pressure on the sole. Pain is rated at 5 at best and 9 at worst and as 8 at this visit (out of 10). He has a left sided antalgic gait. Physical exam of the lumbar spine reveals range of motion is restricted with fused-no lumbar motion seen. On palpation, paravertebral muscles, tenderness, tight muscle bands and trigger point is noted on both sides. He cannot walk on heel or toes. There is tenderness over the piriformis muscle. The left foot range of motion is noted as normal and that there is tenderness between the 2nd and 3rd ray. The

physician notes he would benefit from a Functional Restoration Program. Prescriptions this visit are Lyrica- was added, Ambien, Butrans, Norco 10-325mg and Norco 5-325mg was discontinued. Work and disability status is that he is permanently disabled, permanent and stationary-maximum medical improvement. In a request for authorization and progress report dated 8-21-14, the physician notes he has failed lumbar fusion, has chronic pain, depression, has failed conservative and surgical treatment and has poor function. A Functional Restoration Program is requested. The requested treatment of a Functional Restoration Program, 20-part day sessions was non-certified on 11-3-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration Program, 20 part day sessions: Upheld

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 was injured on 05/23/11 and presents with lumbar spine pain. The request is for Functional Restoration Program, 20 Part Day Sessions. The RFA is dated 10/27/14 and states that the request is for a 20 part-day sessions (trial) = 80 hours (each part-day session is 4 hours). The patient is permanently disabled. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs 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. The patient has a restricted range of motion, on palpation, paravertebral muscles, tenderness, tight muscle bands and trigger point is noted on both sides, he cannot walk on heel or toes, and there is tenderness over the piriformis muscle. The patient has tenderness to palpation along his lumbar spine, sciatic notch tenderness, and positive facet loading maneuver bilaterally. He is diagnosed with lumbar post laminectomy, lumbar radiculitis, acquired ankle and foot deformities not elsewhere classified (neuroma foot), rotator cuff tear-surgery 2012, and chronic pain syndrome. The reason for the request is not provided and it is unclear if the patient had any prior FRP. The 05/15/14 report states that the patient "would benefit best from a functional restoration program." On 08/21/14, the treater prescribed a FRP for the patient "three days a week, Monday, Wednesday, and Friday." The 09/18/14 report states that "he has now certification for FRP. This is to be scheduled." The 10/27/14 FRP Evaluation states that the patient "is not a candidate where surgery or other treatments would clearly be warranted. He also exhibits evidence of chronic pain syndrome that has affected his ability to work, sleep, and perform his ADLs. He has not participated in a functional restoration program before. He appears to be very motivated to get

well, open to receptive to educational components of the program and will likely do well in a FRP." This evaluation also stated that the patient lived 80 miles away from the facility and it is unclear if the patient found a place closer to his home to have his FRP. "We do not want to jeopardize his success and participation in the program due to inability to make the daily 160 miles round trip drive, and thereby preventing him from progressing in all aspects of the program." Therefore, due to lack of clarity, the request is not medically necessary.