

Case Number:	CM13-0013088		
Date Assigned:	03/03/2014	Date of Injury:	10/09/1999
Decision Date:	07/11/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational Medicine 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 patient is a 61-year-old male who has submitted a claim for unspecified arthropathy associated with an industrial injury date of October 9, 1999. The patient complained of flare-up of low back pain rated 8/10 with medications. He is on long-term medication use and therapeutic drug monitoring. Pertinent physical examination findings include limitation of motion of the cervical and lumbar spine; increased lumbar lordosis; a positive straight leg raise on the right; and spasm with guarding of the lumbar paraspinal muscles. The diagnoses include lumbar disc displacement without myelopathy, lumbar facet syndrome, lumbar spondylosis, depression and anxiety. A functional restoration program initial evaluation was done on July 2, 2013 and physical training goals were defined. Treatment recommendation includes multidisciplinary pain management because the patient continues to have significant functional limitations due to low back pain. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, cervical and lumbar spine injections, lumbar facet radiofrequency ablation and right sacroiliac injection. Utilization review from July 16, 2013 modified the request for [REDACTED] functional restoration program for the neck and lower back from 30 days to 10 days because the guideline recommends an initial 10 day trial treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] FUNCTIONAL RESTORATION PROGRAM FOR NECK AND LOWER BACK FOR THIRTY (30) DAYS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. 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 (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). In this case, there was no evidence of significant loss of ability of the patient to function independently, and negative predictors of success were not addressed. Also, the requested number of sessions exceeds the guideline recommendation. Furthermore, a trial treatment no longer than 2 weeks is suggested with evidence of subjective and objective gains. There is no compelling rationale concerning the need for variance from the guideline. Therefore, the request for [REDACTED] Functional Restoration Program for neck and lower back for thirty (30) days is not medically necessary.