MAXIMUS Federal Services

Case Number:	CM13-0017037		
Date Assigned:	04/23/2014	Date of Injury:	07/27/2011
Decision Date:	06/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; a largely negative lumbar MRI of August 14, 2013, notable for minimal left L5 facet arthrosis with an otherwise unremarkable lumbar MRI; and extensive periods of time off of work. A progress note dated August 2, 2013 was notable for comments that the applicant reported persistent 4/10 low back pain radiating to the bilateral legs. Despite the fact the applicant had reportedly tried earlier physical therapy, home exercises, acupuncture, and massage therapy with only minimal to fleeting relief, the attending provider nevertheless sought authorization for eight additional sessions of physical therapy, a psychology consultation, lumbar MRI, and additional physical therapy in addition to the purposed functional rehabilitation program. Naprosyn, Klonopin, Prilosec, and BuTrans patches were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL REHABILITATION PROGRAM: Upheld

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

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

Decision rationale: As noted in page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the cardinal criteria for pursuit of a functional rehabilitation program include evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, evidence that an adequate and thorough precursor evaluation has been made, and evidence that an applicant is willing to forgo secondary gains including disability payments to effect improvement. In this case, however, these criteria have not clearly been met. It is not clearly stated that the applicant is willing to forego secondary gains and disability payments to improve. The applicant does not appear to have completed the prerequisite and precursor evaluation. The fact that the applicant is pursuing additional physical therapy, moreover, implies that there is a possibility that the applicant could respond favorably to same and obviate the need for functional restoration program. Therefore, the proposed functional rehabilitation program/functional restoration program is not medically necessary, for all the stated reasons.