MAXIMUS Federal Services

Case Number:	CM13-0017070		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2007
Decision Date:	04/17/2014	UR Denial Date:	08/20/2013
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 Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York, Texas. 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 49-year-old female who reported an injury on 10/13/2007. The mechanism of injury involved a fall. The patient is diagnosed with Opioid dependence and chronic pain. The patient has participated in 5 weeks of a functional restoration program. The patient was recently seen by [redacted] on 09/27/2013 for a team conference report. The patient had been previously treated with multiple sessions of physical therapy, acupuncture treatment, epidural steroid injections, facet joint injections, heat and ice therapy, and trigger point injections. The patient's current medications included Oxycodone, Cymbalta, Neurontin, Ultram ER, Flexeril, Flector patch, MS Contin and Ultram. The patient has attended the program from 9 AM to 4 PM, 5 days per week for a total of 30 hours per week. The patient has participated in psychoeducational groups. The patient continues to report lower back and lower extremity pain. The patient also reports hot flashes and sweating. Objective findings included tenderness throughout the entire lower lumbosacral region with moderate myospasm and an antalgic gait. Treatment recommendations at that time included continuation of the current functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: 2 ADDITIONAL WEEKS, 10 DAYS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. Total treatment duration should not exceed 20 full day sessions without evidence of demonstrated efficacy. As per the documentation submitted, the patient has participated in 5 weeks of a functional restoration program. The patient has attended the Final Determination Letter for IMR Case Number [redacted] 4 program 5 days per week for a total of 30 hours per week. While it is noted that the patient has made gradual improvement with lifting, the patient has only partially met all of the treatment goals listed in the current treatment plan. There was no documentation of a significant objective improvement. The patient continues to report persistent pain, weakness, hot flashes, and sweating. The patient continues to demonstrate tenderness throughout the entire lower lumbosacral region with moderate myospasm and an antalgic gait. The patient's medication list includes 2 additional medications that the patient was not previously utilizing prior to the start of the functional restoration program. There is no documentation of a decrease in the medication usage. While it is noted that the patient continues to participate in psychoeducational groups, there is no evidence of objective improvement such as a decrease in BAI or BDI-II score. Without evidence of an overall objective functional improvement, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.