

Case Number:	CM13-0020452		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2011
Decision Date:	02/07/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 50-year-old female presenting with chronic right knee, neck and low back pain following a work-related injury on February 11, 2011. The claimant complains of constant neck pain, mid back pain, low back pain, buttock pain, bilateral hip pain and right knee pain exacerbated by repetitive motion and activities. The claimant associated her injury with an interference of sleep, increasing anxiety and depression, as well as weight gain secondary to decreased activity following the development of pain associated with a work-related injury. The medical records note that the claimant has under gone a 30 month course of treatment for chronic right knee and low back pain including medications, chiropractic treatments, physical therapy, activity restrictions, epidural steroid injections, facet injections and multiple modalities. The physical exam was significant for a weight of 312 pounds, height of 5 feet 7 inches, BMI of 48.86, antalgic gait requiring a cane for assistance, cervical tenderness, spasms, impaired motion of positive cervical compression test, hyper cervical compression tests, positive shoulder decompression test, thoracic, lumbar and bilateral sacroiliac joint tenderness and sciatic notch tenderness, and tenderness at the knee with mild confusion and decreased motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for multidisciplinary pain program/functional restoration program to include weight loss: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31 and 49.

Decision rationale: The Physician Reviewer's decision rationale: An evaluation for a multidisciplinary pain program/functional restoration program to include weight loss is not medically necessary. California MTUS, page 49, states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and the cost effectiveness. The claimant has already been through at least 30 months, according to the medical records, of extensive therapy without success and continues to describe pain, depression, and anxiety. There seems to be a lack of subjective and objective gains with previous treatment which may not be achieved with the functional restoration program as required for maintenance. The request is therefore not medically necessary.