

Case Number:	CM13-0023129		
Date Assigned:	11/15/2013	Date of Injury:	03/23/2009
Decision Date:	01/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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.

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 44 YO, RHD, M that injured his neck and left upper extremity from pulling out a sewer ejector pump from a 4-6 ft. pit. CESI did not help and he had ACDF C5/6 and C6/7 in 2009. He is being seen by pain management, [REDACTED], who also has the [REDACTED]. The IMR application lists the injury date as 3/23/09, and shows a dispute with the 8/26/13 UR decision. The 8/26/13 UR decision is by [REDACTED] based on the 8/20/13 medical report, from [REDACTED], and is for non-certification of the Northern California functional restoration program x 160 hours. The rationale was that the MTUS criteria had not been met, particularly the addressing of the negative predictors of success. [REDACTED] / [REDACTED] issued an appeal on 8/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 160 hours: Upheld

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

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

Decision rationale: MTUS guidelines have clear criteria for the FRP. The physician cited the MTUS criteria on the 8/30/13 appeal, but still has not addressed the issues. MTUS states

Outpatient pain rehabilitation programs may be considered medically necessary when ALL of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. MTUS states all items must be addressed. The 8/30/13 appeal addresses items #1-5, but not #6. For item #6, the negative predictors of success, MTUS states: The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The MTUS criteria for the FRP has not been met, the request and appeal are not in accordance with MTUS guidelines.