MAXIMUS Federal Services

Case Number:	CM13-0023354		
Date Assigned:	11/15/2013	Date of Injury:	08/25/2009
Decision Date:	04/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 & 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 56-year-old female who reported an injury on 08/25/2009. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with depression, vocational interruption, and status post L4-5 and L5-S1 disc arthroplasty with chronic low back pain. The patient was evaluated by [redacted] on 05/08/2013. The patient reported persistent lower back, left leg, and neck pain. The patient underwent L4-5 and L5-S1 disc arthroplasty on 10/19/2012. Treatment modalities have included 24 sessions of physical therapy as well as a home exercise program and an epidural steroid injection. The patient has also utilized ice therapy and opioid medication in the past. Physical examination revealed a normal gait, diffuse tenderness to palpation, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 WEEK TRIAL FUNCTIONAL RESTORATION PROGRAM, MONDAY-FRIDAY 8:30-4 FOR 10 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS.

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

Decision rationale: The 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. There should be 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. As per the documentation submitted, the patient's physical examination on the requesting date of 05/08/2013 revealed a normal gait, 5/5 motor strength, 2+ deep tendon reflexes, and intact sensation. There was no documentation of a significant loss of the ability to function independently resulting from the chronic pain. It has been previously noted that the patient completes all of her home chores and activities of daily living. A psychological assessment was completed on 08/15/2013 by [redacted] The patient scored a 50 on the Zung Depression Inventory, indicating no evidence of depression. The patient also scored a 54 on the Zung Anxiety Index, indicating only mild to moderate anxiety. The patient has not participated in physical modalities such as acupuncture or chiropractic therapy. The patient has only been treated with physical therapy and ice therapy, as well as an epidural steroid injection. It is noted that the patient has reported moderate to excellent relief with previous modalities. The medical necessity for the requested service has not been established. Therefore, the request for 2 week trial functional restoration program, Monday to Friday 8:30-4 for 10 days is not medically necessary and appropriate.