MAXIMUS Federal Services

Case Number:	CM13-0024311		
Date Assigned:	11/20/2013	Date of Injury:	04/21/2010
Decision Date:	01/08/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Practice 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. 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:

This patient is a 47-year-old male who reported an injury on 04/21/2010. The notes indicate that the patient sustained an injury to the lower back while working with heavy materials. Per the documentation submitted for review, the patient underwent a Qualified Medical Evaluation on 07/31/2013 which indicated that the patient had prior participation in a functional restoration program; however, the patient had fallen and injured his head and was unable to complete the program, completing only 1 week of treatment. This patient has continued ongoing low back pain for which the patient utilizes Vicodin, Ibuprofen, Tramadol and Lidoderm patches. The notes indicate that prior treatment has consisted of 3 lumbar epidural steroid injections with the last injection making the patient's pain worse. The patient also indicated having radiating symptoms to the right leg with pain overall rated as an 8/10 to 9/10. The notes indicate also that, prior to the treatment, the patient has undergone the use of a TENS unit as well as a home exercise program and pool exercises. Currently under consideration is a request for a functional restoration program for 25 days/5 weeks/150 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional restoration program X 25 days, 5 weeks, 150 hours: 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 Section on Functional Restoration Programs Page(s): 32-33.

Decision rationale: CA MTUS states that inclusion in multidisciplinary pain management programs requires criteria having been met, including that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful with an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of functional independence resulting from the chronic pain; that the patient is not a candidate for surgery or where other treatments would clearly be warranted; and that the patient exhibits motivation to change; is willing to forgo secondary gains, including disability payments, to effect this change; and that negative predictors of success above have been addressed. Also, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. However, the request as currently stated exceeds the recommendation in the guidelines that treatment should last no longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the above, the request for a functional restoration program for 25 days, 5 weeks, 150 hours is not medically necessary or appropriate.