

Case Number:	CM13-0025374		
Date Assigned:	03/03/2014	Date of Injury:	08/22/2006
Decision Date:	04/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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 reported a date of injury of 08/22/2006. According to report dated 08/13/2013 by ■■■■■■■■■■, the patient presents with continued pain to his lumbar spine, left leg and left foot. Patient also complains of depression, which is secondary to his chronic pain. Patient medication regimen includes Nabumetone, Omeprazole and Terocin analgesic cream. The physician is requesting a functional restoration program at ■■■■■■■■■■, as it was recommended by the evaluating psychologist, ■■■■■■■■■■. I reviewed the 11 page report by ■■■■■■■■■■ dated 03/20/2013. ■■■■■■■■■■ provided patient with a GAF of 55 with moderate impairment. Also provided in the report is a records review, history of injury, treatment plan and psychological testing. She goes on to state, despite medication, the patient continues to experience back pain, depression and anxiety. She recommends patient either continue treatment "in my program or a 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: 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): 49.

Decision rationale: This patient presents with continued pain to his lumbar spine, left leg and left foot. Patient also complains of depression, which is secondary to his chronic pain. The physician is requesting a Functional Restoration Program. The MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, both the requesting physician [REDACTED] and treating psychologist [REDACTED] do not provide any specifics on duration in the program. MTUS recommends starting with 2 weeks and up to 4 weeks of treatments if the patient shows progress. Furthermore, [REDACTED] provides a thorough psychological evaluation; however, there is no assessment of "negative factors" such as poor relationship with employer, poor work satisfaction, or negative outlook in future, and assessment of the patient's motivation. Furthermore, an open ended request for functional restoration program cannot be recommended. Recommendation is for denial.