MAXIMUS Federal Services

Case Number:	CM13-0026414		
Date Assigned:	06/13/2014	Date of Injury:	03/13/2007
Decision Date:	08/12/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine 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 is a represented [redacted] employee who has filed a claim for chronic low back pain, chronic knee pain, and insomnia reportedly associated with an industrial injury of March 13, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; sleep aids; opioid therapy; and the apparent imposition of permanent work restrictions. The patient does not appear to be working with permanent limitations in place. In a Utilization Review Report dated August 29, 2013, the claims administrator apparently failed to approve a full, 20-day functional restoration program for the low back and right knee. The patient's attorney subsequently appealed. In progress notes of October 29, 2012 and November 13, 2012, it was acknowledged that the patient was not working. The patient was described as severely obese, with a BMI of 36. The patient was status post a total knee arthroplasty surgery. The patient was diabetic. The patient's medication list, at that point, included Prilosec, Ambien, Relafen, Duragesic, lidocaine, Norco, Norvasc, Tenormin, Lasix, Zestril, Mevacor, metformin, and tizanidine. On April 3, 2014, the patient was described as a graduate of the [redacted] Functional Restoration Program. The patient is still using a cane. The patient was still using Relafen, Protonix, Seroquel, buprenorphine, Norvasc, Tenormin, Zestril, metformin, and Pravachol. The functional restoration program in question was apparently performed in August 2013. In a multidisciplinary pain management evaluation of August 16, 2013, the attending provider stated that the patient still had ongoing issues with chronic low back and knee pain following one week of the functional restoration program. In a permanent and stationary report dated September 26, 2013, the attending provider declared the patient permanent and stationary. It was stated that the patient had had five weeks of functional restoration program through September 12, 2013. It was stated that the patient still had issues with depression and anxiety which were reportedly diminished as a result of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] FUNCTIONAL RESTORATION PROGRAM (FRP) TIMES TWENTY (20) DAYS FOR THE LOWER BACK AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 32, Chronic Pain Programs topic. Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not, moreover, exceed 20 full day sessions, the MTUS notes. In this case, the attending provider sought authorization for 20 days of functional restoration program, i.e., treatment in excess of two-week course recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines without an interval reassessment to ensure ongoing program efficacy. Similarly, the patient underwent a total course of five weeks of treatment, based on the attending provider's permanent and stationary report of September 26, 2013. Total treatment duration, per page 32 of the MTUS Chronic Pain Medical Treatment Guidelines should not exceed 20 full day sessions, the MTUS goes on to note. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria for pursuit of a functional restoration program includes an absence of other options likely to result in significant clinical improvement. In this case, the attending provider did not make a compelling case as to why the functional restoration program is preferable to conventional outpatient office visits, psychological counseling, and psychotropic medications to treat the patient's primary symptoms of anxiety, depression, and insomnia. For all of the stated reasons, then, the 20-day functional restoration program was not medically necessary.