MAXIMUS Federal Services

Case Number:	CM13-0026961		
Date Assigned:	11/22/2013	Date of Injury:	02/22/2011
Decision Date:	01/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

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, and is licensed to practice in 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 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:

The patient is a 61-year-old male who reported an injury on 02/22/2011. The mechanism of injury was stated as that he was trying to pull a dumpster up a hill, which was relatively heavy, when he felt a "pop" within his right hip and groin. His diagnosis was listed as pain disorder associated with both a general medical condition and psychological factors. It was noted that he had not been exercising in ways that rehabilitate his chronic pain in the low back and bilateral hips. He had no guidance to engage in rehabilitation efforts secondary to fear avoidance, physical deconditioning, and a lack of knowledge as to how to implement an appropriate home exercise program. It was stated that the patient indicated that since his injury, he has been increasingly inactive; and at this time, he was fearful of significant physical activity secondary to fear of exacerbating his painful symptoms. He lacked knowledge regarding body mechanics and ergonomics so that he can functional more efficiently. It was also stated that traditional treatments to date had failed to provide the patient with functional restoration or long-standing improvements in pain management. It was also stated that the patient indicated that he would very much like to improve his functional abilities and pain management skills so that he can return to gainful employment and increase his engagement with work, his family, community, and his life in general. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **x160 hours (6 weeks):** 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 Functional Restoration Programs Page(s): 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The Guidelines further specify that long-term evidence suggests that the benefit of these programs diminishes over time but still remains positive when compared to cohorts that did not receive an intensive program. It further states that a review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function in patients with low back pain. The guidelines also specify that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient was shown to have symptoms of low back pain and bilateral hip pain, which have failed to improve with traditional treatments. He was also shown to have failed to improve his function with previous treatments. Therefore, a functional restoration program would be supported by guidelines; however, the request for 6 weeks of treatment exceeds the guideline recommendations of no more than 2 weeks without evidence of demonstrated efficacy. Therefore, the request for a [redacted] x16- hours (6 weeks) is not medically necessary and appropriate.