

Case Number:	CM13-0028473		
Date Assigned:	03/03/2014	Date of Injury:	07/11/2005
Decision Date:	04/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/25/2013

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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with a 7/11/05 date of injury. There is documentation of subjective (ow back pain and objective positive slumps testing; decreased sensation to light touch and cold in the left anterior thigh and medial calf; painful lumbar spine range of motion; and positive lumbar facet loading maneuvers, findings. Current diagnoses are left L5 radiculopathy, generalized deconditioning, lumbar spondylosis without myelopathy, and myofascial pain syndrome. Treatment to date includes physical therapy, chiropractic treatment, injections, and medications. Medical reports identify that the patient does have psychiatric co-morbidities, decreased functionality, ongoing chronic pain despite individual modalities of physical therapy and medication management, and not a candidate where surgery or other treatments would be warranted

IMR ISSUES, DECISIONS AND RATIONALES

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

4 WEEKS OF FUNCTIONAL RESTORATION PROGRAM (100 HOURS OF CONTACT TIME): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Functional Restoration P. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks (80 hours) without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of left L5 radiculopathy, generalized deconditioning, lumbar spondylosis without myelopathy, and myofascial pain syndrome. In addition, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain. The patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, the requested 4 weeks of functional restoration program (100 hours of contact time) exceeds guidelines (treatment is not suggested for longer than 2 weeks (80 hours)). The request for 4 weeks of functional restoration program (100 hours of contact time) is not medically necessary and appropriate.