

Case Number:	CM13-0031503		
Date Assigned:	12/04/2013	Date of Injury:	05/14/2010
Decision Date:	04/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

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 Anesthesiology, Pain Management, 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 53-year-old male who reported an injury on 05/14/2010. The mechanism of injury was not provided. The patient's diagnosis was lumbar strain and status post L5 through S1 fusion. The documentation of 08/20/2013 revealed that the patient had a necessity for a multidisciplinary functional restoration program for duration of 40 full time sessions over 8 weeks and the patient needed lodging and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 WEEK (45 DAYS) INPATIENT PAIN MANAGEMENT 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 CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM Page(s): s 30-32. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM, PAGE 30-32

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made

including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The physician indicated the request was for a functional restoration program, lodging and transportation. The clinical documentation submitted for review failed to meet the above criteria. The request, as submitted, was for an 8 week, 45 day inpatient pain management program which is not supported by California MTUS Guidelines. The Guidelines indicate that treatment is not recommended for longer than 2 weeks without evidence of demonstrated efficacy. Given the above and the lack of documentation to support the necessity for an inpatient pain management program, the request for 8 week (45 days) inpatient pain management program is not medically necessary.