

Case Number:	CM13-0031696		
Date Assigned:	12/04/2013	Date of Injury:	06/11/2010
Decision Date:	10/29/2014	UR Denial Date:	09/24/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 06/11/10. On 04/05/13 she was having left low back pain radiating into the left lower extremity rated at 7/10. Treatments had included medications and H-wave stimulation. She was taking Norco two times per day, Tizanidine two times per day, naproxen two times per day, and was using Lidoderm patches every day. She had been approved for participation in a Functional Restoration Program. On 05/14/13 participation in the Functional Restoration Program was pending. The assessment references the claimant as feeling hopeful that she would be able to wean off of medications. She participated in the program from 05/20/13. A progress report dated 07/11/13 references the claimant as having made excellent progress. She was able to walk longer without pain. She was participating in a daily home exercise program. She was having less frequent and intense flare ups of pain. She is described as remaining motivated to one day returns to work but as not believing she would be able to do so in the near future. Her participation was interrupted after 4 to 6 weeks and continued on 08/26/13. She completed 10 subsequent treatments in the program and was discharged on 09/10/13. Recommendations included a continued home exercise program. She was having pain when walking for longer distances. Pain was rated at 6/10. She had been able to maintain her lifestyle changes. She had enrolled in career development classes. She was seen by the requesting provider on 07/26/13. She had completed six weeks of a Functional Restoration Program and had progressed from sedentary to light activity. She was continuing to take Norco three times per day, Tizanidine, two times per day, Naprosyn, two times per day, and was using Lidoderm patches. Physical examination findings included appearing anxious, depressed, and tearful. Urine drug screening was performed. Conservative care was continued. She was

continued at temporary total disability. As of 09/09/13 she was having ongoing symptoms and was now taking Norco three times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT COUNSELING 1 TIME PER WEEK FOR 4 WEEKS:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS). .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic Pain Programs (Functional Restoration Programs).

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for left low back pain radiating into the left lower extremity. She completed a 6 week Functional Restoration Program and was discharged in September 2014. Guideline suggestions for treatment post-program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. Therefore the requested pain management counseling was medically necessary.