MAXIMUS Federal Services

Case Number:	CM13-0032536		
Date Assigned:	01/10/2014	Date of Injury:	03/01/1990
Decision Date:	03/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 1, 1990. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; topical patches; attorney representation; multiple prior lumbar spine surgeries; and extensive periods of time off of work. In a Utilization Review Report of September 24, 2013, the claims administrator apparently denied a request for a functional restoration program evaluation and two weeks of associated treatment, including meals. The claims administrator denial was apparently predicated on the fact that the applicant was concurrently receiving acupuncture and that said acupuncture could affect some improvement here. The patient's attorney subsequently appealed. In a handwritten note of September 13, 2013, the patient presents with persistent low back pain. The patient reportedly fell recently and reports heightened pain and spasm. Limited lumbar range of motion is noted. The patient is given prescriptions for morphine, Norco, Lidoderm, Neurontin, and Flexeril. A narrative report of the same date suggests that the attending provider is the medical director and founder of the pain management program in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP eval + 2 wks Rx at Oasis & treatment plan including meals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if a patient is "prepared to make the effort," and evaluation for admission for treatment in a multidisciplinary pain management program should be considered. In this case, however, it is not clearly stated that the applicant is in fact prepared to improve, willing to improve, and/or willing to forgo secondary gain so as to try and improve. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for admission into the proposed chronic pain program/functional restoration program is evidence that an adequate and thorough precursor evaluation has been made, including baseline testing, in those applicants in whom there is an absence of other options likely to result in significant clinical improvement. In this case, however, the attending provider has seemingly sought the entire course of treatment without first completing the precursor evaluation. Again, pursuit of a precursor evaluation which demonstrates that the applicant is in fact willing to and/or exhibits motivation to change and/or is willing to forgo disability payments to effect this change is a prerequisite to enrolment in the proposed functional restoration program. In this case, the attending provider has requested all of the items as one article as opposed to sequentially. The entire functional restoration program cannot be approved without evidence that the applicant has completed the satisfactory precursor screening evaluation. Therefore, the request is not certified, on Independent Medical Review.