

Case Number:	CM13-0032656		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	02/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 55 year old, right handed male, who states that over the years, he has developed multiple areas of pain. The patient states that in 2006, he felt that he was "falling apart." He had a right rotator cuff tear and underwent repair. In 2008, he underwent a left rotator cuff repair. In 2010, he underwent a multilevel fusion with three discs replaced. In 2010, he had a total right knee replacement. On 06/18/12, he had a multilevel cervical fusion. On 02/06/13, he had a low back fusion. On 07/24/13, he underwent a left total knee replacement. The patient did not claim these as work related. He states he was concerned about losing his job. He did so. He states that on 06/18/12, he began feeling fatigued and drained with low energy. This was on top of his usual multiple joint pains. He reported the injury and was evaluated. He had a QME evaluation on 04/15/13 by [REDACTED], [REDACTED], who diagnosed him as having: 1. Lumbar disc disease, status post lumbar fusion. 2. Cervical disc disease, status post cervical fusion. 3. Bilateral carpal tunnel syndrome. 4. Left knee meniscus tear. [REDACTED] felt that the patient developed these conditions secondary to his work as a sheet metal worker. He stated that the patient had cumulative trauma to his neck, back, wrist, and left knee. He noted that the patient had persistent bilateral upper extremity and lower extremity pain and numbness. He ordered an EMG and nerve conduction study which showed evidence of a chronic right L5 radiculopathy as well as mild bilateral median neuropathy to the wrists. There was no evidence of a cervical radiculopathy. He did not feel the patient was permanent and stationary. He has had multiple physical therapy sessions for neck, low back, and knees. Physical capacity: He states that he can walk for 15 minutes. He can stand for 15 minutes. He can walk for one block. He can sit for 15 minutes before changing position. He is unclear how much he can lift. Treating Physician's o

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

Decision rationale: CA-MTUS(Effective July 18, 2009) page 31 to 32, Chronic pain programs (functional restoration programs), recommends programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. These pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition.