MAXIMUS Federal Services

Case Number:	CM13-0033115		
Date Assigned:	12/06/2013	Date of Injury:	11/09/2010
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 57-year-old male who reported an injury on 11/09/2010. The mechanism of injury was a fall. Initial injuries were to his right shoulder and lower back with progressive pain in his neck, shoulder, and front side of his body. The patient has a history of an unknown duration of physical therapy, acupuncture, lumbar epidural steroid injection, and an unknown amount of return to work attempts. The patient's main modality of controlling pain is with medications; as per the 03/04/2013 progress note, the patient stated medications decrease his pain by 60%. Lumbar epidural steroid injections have a history of providing 50% pain relief; acupuncture was reported to be successful; a TENS unit is only mildly beneficial; and an unspecified surgery was considered. Magnetic resonance imaging (MRI) dated 06/17/2011 reported disc herniation at L5-S1 with severe foraminal stenosis and posterior displacement of the right S1 nerve root. There was also mild L3-4, L2-3, and L4-5 central spinal stenosis. The patient is noted to have left lower extremity radiculopathy with decreased sensation in the L5-S1 dermatome, positive straight leg raise at ninety degrees, and absent deep tendon reflexes. There was a recent request for continued therapy and acupuncture; however, it is unclear if it was ever initiated. The patient's current medications include bupropion HCL 100 mg,one tablet three times a day; hydrocodone/acetaminophen 10/325 mg, one to two every six hours as needed for pain; naproxen (strength unspecified), one to two tablets every day; pantoprazole 20 mg, one tablet every day; and zolpidem 5 mg, one tablet to two tablets every six hours as needed. The patient's current diagnoses include lumbar/lumbosacral disc degeneration; anxiety disorder and conditions classified elsewhere; and mood disorder and conditions classified elsewhere. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional restoration program, hours, quantity one hundred and sixty hours: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend chronic pain programs/Functional Restoration Programs for patients who are at risk or who have experienced delayed recovery. Criteria for the general use of these programs include an adequate and thorough evaluation including baseline functional testing; 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; and the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; negative predictors of success have been addressed; and a trial of two weeks has been successfully completed. The clinical records submitted for review included an adequate and thorough evaluation of both the physical and psychological aspects of the patient's injury. There was also documentation noting the patient's motivation to change. However, the patient has experienced successful methods of treating his chronic pain in the past; these include acupuncture, medications, and epidural steroid injections. The patient also has not lost significant ability to function independently, as he continues to perform activities of daily living and pursues some of his hobbies. There was also discussion of an unspecified surgery that would possibly benefit the patient; however, if this request for a Functional Restoration Program is to prevent surgery, guidelines state a trial of ten visits, or eighty hours, be implemented. As far as negative predictors of success are concerned, the patient only exhibits high levels of psychosocial distress as evidenced by his anxiety and depression, as well as an extended duration of pre-referral disability time. As such, the patient does not meet guideline recommendations to participate in a chronic pain program at this time and the current request for one hundred and sixty hours exceeds guideline recommendations. Therefore, the request for one Functional Restoration Program, hours, quantity one hundred and sixty hours is non-certified.