

Case Number:	CM13-0035769		
Date Assigned:	12/13/2013	Date of Injury:	11/02/1999
Decision Date:	01/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and Pulmonary Diseases 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 53 year old female who reported an injury on 11/02/1999 which resulted from cumulative trauma from performing repetitive job duties. She is noted to have undergone multiple surgeries and to have treated extensively with medication management and trials with different medications. She is noted to have been authorized for a Functional Restoration Program with [REDACTED]. Progress note and request for additional hours to complete the program was submitted dated 09/20/2013. At that time, she is reported to have completed her first full week; to have been proactive and been able to acclimate to the rigorous schedule. She is reported to continue to complain of low back pain radiating to the right lower extremity and reported her pain at 5/10 with medications. She is reported to have tried to decrease her long-acting methadone from 3 tablets a day to 2 tablets a day, but had to increase the short-acting oxycodone when doing that. She reports an intermittent flare of her back pain after increased physical activity and was given Duexis to take as needed for its anti-inflammatory effects to minimize her increase in opioid medications. The patient is noted to have been attending group psychotherapy focusing on learning the brain's role in pain and discussed different medication and research that supports medication changes structures in the brain. Biofeedback was utilized for an exercise with meditation. The patient is noted to have shown an increased sense of belonging to the group. She had shown a change in her motivation to attend sessions and was a willing participant. The patient is noted to report feeling more in control of her pain than usual and even tried weaning down her medications although her pain was still elevated. She was noted to be up to 5 pounds carrying with posture improvement, strengthening body mechanic training, endurance while using pain management, cognitive behavioral techniques, and was able to increase her

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of a functional restoration program (10 sessions, 2 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: The patient is reported to have completed 2 weeks/50 hours of functional restoration program and is reported to be making notable changes. She has been able to accept trying to wean down on narcotic medications. She reported some flare-ups, but was able to manage them with techniques learned in class and had an understanding of how to pace herself with verbal assistance and prior to the program she was not able to get herself to do any formal physical exercise and relied entirely on medications for pain control. California MTUS Guidelines state treatment is not suggested for longer than 2 weeks without demonstrated efficacy as documented by subjective and objective gains. As there is no documentation of decrease in psychological symptoms as evidenced by decreased scores on Beck Depression Inventory or other similar testing and there is no documentation of quantitative range of motion or manual muscle testing objectively documenting gains, the requested additional Functional Restoration Program does not meet guideline recommendations. Based on the above, the request for Functional Restoration Program-10 sessions, 2 weeks is non-certified