

Case Number:	CM13-0037280		
Date Assigned:	12/13/2013	Date of Injury:	02/06/1992
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

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 Geriatric Medicine and is licensed to practice in New York, Pennsylvania, and Washington. 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 injured worker is a 68 year old man who was injured on 2/6/92 and has diagnoses of cervicgia, lumbago, postlaminectomy syndrome- lumbar and cervical regions, chronic pain syndrome, drug dependence, anxiety, and dissociative and somatoform disorders. He has been treated on opioid medications including methadone and hydrocodone. He was enrolled in a plan to help him transition off his long-standing opioid dependence including participation in a 5 day outpatient detoxification program followed by a functional restoration program which began on 3/11/13. The initial two weeks of the program was covered. At the end of his second week of the program, he reported decreased pain and improvement to his social functioning capabilities. He reported that he was able to reduce his dependence on his anxiety medications and his opiate withdrawal symptoms were decreasing. In week 1, he could walk 12 minutes at 2.5mph and in week 2, he could walk for 12 minutes at 2.8 mph. In week one, he could lift 5lbs x 12 - waist to shoulder, 5lbs x 3 - lifting floor to waist and 2lbs x 2 - carrying single-handed. His level of activity was not measured in week 2 as he left the program early. He scored an 8-mild on the Generalized Anxiety Disorder- 7 (GAD-7) anxiety screen and a 17 - moderately severe on the Patient Health Questionnaire-9 (PHQ-9) depression screen. His Activities of Daily Living Scale was 45 indicating a moderate level of disability. His score for brief pain inventory /pain intensity was 4.5 - moderate and for pain interference 6.2 - moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Functional Restoration Program; Retrospective Review of treatment on 04/01/2013-04/26/2013 (additional 120 hours) for neck/low back injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

Decision rationale: The injured worker received a 5 day detoxification program and two weeks of a functional restoration program prior to the dates in question. Per MTUS criteria, the program is intended to maximize function versus minimize pain and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The worker did not demonstrate significant functional gains to justify an additional 4 weeks of the functional restoration program. He had minimal to no improvement in walking and activity / weight measurements. Although he felt he improved subjectively, the records do not substantiate this objectively.