

Case Number:	CM13-0038321		
Date Assigned:	12/18/2013	Date of Injury:	12/07/1998
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/25/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of December 7, 1998. A utilization review determination dated September 19, 2013 recommends non-certification of Functional Restoration Program 5xWk x 2Wks (50 hours) \$5,250.00 per week 99199. The previous reviewing physician recommended non-certification of Functional Restoration Program 5xWk x 2Wks (50 hours) \$5,250.00 per week 99199 due to lack of documentation of a thorough examination providing objective findings on examination, minimal functional capacity or on a large amount of medication, and no presenting complex medical or psychological diagnoses that require intensive consultation and treatment in a rehabilitative process. A medical report dated November 18, 2013 identifies the patient has now had injection therapies and physical therapy, and he is currently not a surgical candidate. He has had significantly more pain and worsening symptoms of depression, anxiety, and inability to sleep. He states he is interested in going back to work, but the pain in the low back and bilateral lower limbs, left greater than right, has worsened. Physical Examination identifies left EHL strength is 4/5. Positive slumps testing on the left side. Decreased sensation to light touch and pin prick in the posterior thigh on the left side and medial calves bilaterally. Plan identifies the patient is interested in going back to work, and his opioid medications have increased by 30% recently. Authorization is re-requested based on the interdisciplinary evaluation and goals for this patient which includes going back to work and weaning off of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for Functional Restoration Program 5 times a week for 2 weeks (50 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 30-34, 49.

Decision rationale: Regarding the request for functional restoration program 5 times a week times 2 weeks (50 hours), Chronic Pain Medical Treatment Guidelines state outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. (6) Negative predictors of success have been addressed. Within the medical information made available for review, there is documentation that an adequate and thorough evaluation has been made, 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 resulting from the chronic pain, and the patient is not a candidate where surgery or other treatments would clearly be warranted. However, there is no documentation that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Negative predictors of success have not been identified and addressed. In the absence of such documentation, the currently requested functional restoration program 5 times a week times 2 weeks (50 hours) is not medically necessary.