

Case Number:	CM13-0039106		
Date Assigned:	12/18/2013	Date of Injury:	09/02/2003
Decision Date:	02/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in Interventional Spine 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 male with a date of injury of 09/22/2003. UR letter dated 09/23/2013 recommends denial of functional restoration program (FRP) stating limited information was provided. A multidisciplinary consultation report dated 07/25/2013 reported baseline functional testing and stated patient has not responded to conservative therapy and is not a surgical candidate. The report also scored risk assessments and a psychological testing was provided indicating patient has minimal depression and mild anxiety was. Subsequent progress report dated 08/08/2013, states patient continues to benefit from transforaminal epidural steroid injections. As a result, he continues to engage in daily home exercises and reports increased functional gains. It was noted that patient has nearly eliminated his dependence on opioids. However, treater continues to advocate for patient's participation in s FRP, stating that relying on injections is not an appropriate approach as it has taken almost 4 months to receive authorization and during this time, the patient escalated his opioid usage to 6 to 8 Norco per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for functional rehabilitation program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: Patient has diagnoses of right sided synovial cyst at L4-5, lumbar spondylosis and left lumbar radiculopathy. MTUS pg 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The multidisciplinary report dated 07/25/2013 demonstrated that the patient had a thorough evaluation, covering the necessary criteria for the program. The treater is asking for a 10 day participation in the program. MTUS recommends starting with 2 weeks and up to 4 weeks of treatments if the patient shows progress. In this case, it would appear that the patient is a good candidate for a 10 day course. Recommendation is for approval.