

Case Number:	CM13-0039477		
Date Assigned:	12/18/2013	Date of Injury:	01/13/2011
Decision Date:	02/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine & Rehabilitation and Pain Medicine 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 49-year-old male who reported an injury on 01/13/2011. The patient's diagnoses as of 09/2013 were status post fall with multiple body injuries, cervical sprain/strain injury, postconcussion syndrome, postconcussion headache, lumbosacral sprain/strain injury, and post-traumatic myofascial pain syndrome. According to the documentation, the patient has been involved with a Functional Restoration Program (FRP), which has been beneficial for him to improve his coping skills by learning various techniques. The patient has been participating in exercise programs such as tai chi, yoga, exercises, and therapy, as well as learning cognitive behavioral techniques to manage his pain by using behavioral techniques of mindfulness and meditation; and psychology sessions, which have benefitted the patient through the FRP. The patient was most recently seen on 12/04/2013, whereupon he still has symptomatic complaints of neck and low back pain. The patient stated that the cold weather did increase his pain and spasms. Objective findings included decreased cervical range of motion and myofascial trigger point in the cervical paraspinal musculature. The patient's motor strength was 5/5 in both upper extremities. The patient has reportedly completed 4 weeks of a functional restoration program and is wishing to complete the remaining 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 2 weeks at Oasis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-34.

Decision rationale: According to California MTUS, it states that chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. According to the guidelines, it further states that there needs to be evidence-based documentation of demonstrated efficacy noted in subjective and objective gains. The guidelines also state that total treatment duration should generally not exceed 20 sessions without a clear rationale for extension in sessions with notation of reasonable goals to be achieved. The documentation provided for review notes the patient has undergone 4 previous FRP sessions to date. However, there remains a lack of documentation demonstrating the efficacy of the previous sessions he has already attended. The documentations from 11/20/2013 through 12/04/2013 are almost identical in nature, pertaining to the subjective and objective findings. Furthermore, the proposed number of sessions, in addition to the sessions already completed, would exceed multidisciplinary pain management guidelines. As such, the requested service for 2 weeks of functional restoration program at the Oasis is non-certified.

Mobic 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: According to California MTUS, it states that meloxicam is used for mild to moderate pain for osteoarthritis. It further states it is recommended as an option for short-term symptomatic relief of chronic low back pain. As noted in the documentation, the patient has not been diagnosed as having osteoarthritis and the clinical information provided did not indicate how long the patient has been taking this medication to support it is being used only for short term relief. Therefore, the medical necessity for the use of meloxicam cannot be established. As such, the requested service is non-certified.