

Case Number:	CM13-0040025		
Date Assigned:	12/20/2013	Date of Injury:	08/07/2009
Decision Date:	06/02/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 expert 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 40-year-old man who sustained a work-related injury on August 7, 2009. Subsequently, he developed with chronic back pain. According to a note dated on September 23, 2013, the patient was complaining of low back pain, neck pain, and right leg pain. The patient was treated with Norco, Effexor, chiropractic treatments, lumbar fusion, and anti-epilepsy medications. His physical examination demonstrated cervical and lumbar tenderness with limited range of motion. His MRI of the lumbar spine performed on December 17, 2012, demonstrated L4-L5 lumbar stenosis. His electromyography (EMG) performed on September 20, 2012, demonstrated left L5 and S1 radiculopathy. The patient was diagnosed with staples lumbar fusion, severe disc herniation at L4-L5 and L5-S1, left lower extremity neuropathic pain, and depression. The provider requested authorization for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

Decision rationale: The Chronic Pain Guidelines indicate that chronic pain 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. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. The guidelines also indicate that 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 ten (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; and (6) Negative predictors of success above have been addressed. There is no documentation that the patient exhausted all therapeutic options to manage his pain. There is no documentation of physical therapy and psychological clearance to perform a functional restoration program. Therefore, the request for a functional restoration program is not medically necessary.