

Case Number:	CM13-0041405		
Date Assigned:	12/20/2013	Date of Injury:	12/30/2003
Decision Date:	02/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 49 year-old male sustained an injury on 12/30/03 while employed by [REDACTED]. Request under consideration include initial evaluation at [REDACTED]. Diagnoses included Pain in joint/lower leg; s/p bilateral ACL reconstruction, bilateral osteoarthritis; long-term use of medications; and psychogenic pain. Psychological evaluation report of 6/23/13 from [REDACTED] noted the patient with history of long-term disability, has been disabled and out of the main stream for a very long time, and has received nearly weekly psychotherapy from 10/5/09 to January 2013. It was noted the patient has received long-term medication that was felt to be excessive by [REDACTED]. The patient was not functionally improved and that he did not expect him to fundamentally improve unless something could be done surgically. There was mention of poor prognosis and that even a component of functional restoration program was unlikely to foment lasting practical change for functional purposes and that the patient had not improved with better functioning. Also mentioned was that the patient did not need to return back for follow-up as he had ample individual psychotherapy by previous providers that included [REDACTED] and [REDACTED] who believed that meaningful lasting functional change was unlikely to happen regardless of the orientation of psychotherapy for the place, i.e. within a practitioner's office or within a FRP. Report of 9/23/13 from [REDACTED] noted the patient presenting to the office in a wheelchair, looking out to the side and did not really want to engage, complaining of fatigue. No other physical examination findings were documented. Treatment plan was for initial evaluation at the [REDACTED] which was non-certified on 10/3/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 49 year-old male sustained an injury on 12/30/03 while employed by [REDACTED]. Request under consideration include initial evaluation at N [REDACTED] [REDACTED]. Diagnoses included Pain in joint/lower leg; s/p bilateral ACL reconstruction, bilateral osteoarthritis; long-term use of medications; and psychogenic pain. Psychological evaluation report of 6/23/13 from [REDACTED] noted the patient with history of long-term disability, has been disabled and out of the main stream for a very long time, and has received nearly weekly psychotherapy from 10/5/09 to January 2013. It was noted the patient has received long-term medication that was felt to be excessive by [REDACTED]. The patient was not functionally improved and that he did not expect him to fundamentally improve unless something could be done surgically. There was mention of poor prognosis and that even a component of functional restoration program was unlikely to foment lasting practical change for functional purposes and that the patient had not improved with better functioning. Also mentioned was that the patient did not need to return back for follow-up as he had ample individual psychotherapy by previous providers that included [REDACTED] and [REDACTED] who believed that meaningful lasting functional change was unlikely to happen regardless of the orientation of psychotherapy for the place, i.e. within a practitioner's office or within a FRP. Report of 9/23/13 from [REDACTED] noted the patient presenting to the office in a wheelchair, looking out to the side and did not really want to engage, complaining of fatigue. No other physical examination findings were documented. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this 2003 as he has remained off work for years, on chronic high-doses of medications without functional improvement from extensive treatments already rendered. Multiple psychological reports have deemed the patient to not be a candidate for any FRP. The prospective request for 1 consultation with the HELP program is not medically necessary and appropriate.