MAXIMUS Federal Services

Case Number:	CM13-0043046		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2000
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 65 year old female with DOI on 7/14/2000. Diagnoses include lumbosacral disc injury, s/p lumbar fusion (2/27/03), lumbosacral radiculopathy, and myofascial pain syndrome. Treatments have included; Opana ER, Flexeril, Norco; physical therapy, TENS unit, injections and acupuncture. Patient's subjective complaint are increasing pain and discomfort in low back and right leg, and medication is not controlling pain. Exam shows decreased lumbosacral range of motion, with 5/5 strength in the lower extremities. Patient underwent a functional restoration program for 2 weeks. Physician notes indicate that this was helpful to teach the patient various techniques to better cope and manage her pain. Program notes indicate that patient improved by 6 minutes sitting, 10 minutes standing, and 5 minutes walking. Lower extremity strength improved by 40% and upper extremity strength by 45%, per therapy notes. Notes also indicate that patient was a motivated participant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program times 4 weeks: Overturned

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

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

Decision rationale: Chronic Pain Treatment Guidelines is recommended for patients who have had an adequate/thorough evaluation, previous methods of pain treatment have failed, patient has significant loss of ability to function independently due to chronic pain, patient is not a surgical candidate, and patient exhibits motivation to change. Treatment is not suggested for longer than 2 weeks without evidence of efficacy. This patient meets criteria for inclusion in a functional program, due to having adequate evaluation, previous medications and treatments without benefit, is not a surgical candidate, and is documented as motivated. Furthermore, subjective and objective improvement was documented in her program notes during her initial 2 weeks of therapy. For these reasons, continuation of a functional restoration program to completion is medically necessary.