MAXIMUS Federal Services

Case Number:	CM13-0044830		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2012
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 27 year old female with a date of injury of 05/19/2012. The listed diagnosis per [redacted] is lumbar disc displacement without myelopathy. According to report dated 10/09/2013, the patient is in his second week in a Functional Restoration Program. He continues to be compliant in physical therapy but us unsure whether he will be able to return to work as a laborer secondary to his low back pain. He is learning how to better manage his chronic pain and potential option for different line of work. He is currently not taking any pain medication. Patient would like to continue learning how to better manage his pain without medications. Treater states patient is compliant with treatment so far and "continuation of the program is medical y necessary given his compliance with treatment, his minimal intake of pain medications and his motivation to return to work in some capacity."

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTHERN CALIFORNIA FUNCTIONAL RESTORATION PROGRAM 20 DAYS (4 WEEKS): 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 Page(s): 30-33.

Decision rationale: This patient present with low back pain. The treater is requesting additional 4 weeks of participation in Northern California Functional Restoration Program. Utilization review dated 10/18/2013 denied the request, stating submission of easily monitored or quantifiable or verifiable goals is required for the extension in the program. The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the patient has low back pain. Medical records do not document he has had prior surgery or any substantial injury that would require such extensive treatment. The patient's pain is tolerable enough that medication is not taken. Furthermore, the treater does not provide a clear rationale as to the necessity for continuation in the program, other than that the patient is compliant and would like to continue. MTUS requires specific plan with goals to consider extension in the program. Recommendation is for denial.