

Case Number:	CM13-0045538		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2009
Decision Date:	07/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal 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 had a worker's comp injury on 2/12/09 that resulted in chronic lumbar pain and myofascial pain syndrome and chronic pain. His office visit reports note an ongoing problem with pain and he was treated with oxycontin ER 20 mg bid and Percocet 10/325 every 4 hours prn for pain. On 9/11/13 it was noted that he had an MRI demonstrating a small protrusion at L4-5 with an annular tear that could be the cause of increased pain radiating down his left leg. The patient's primary care provider (PCP) was unable to get a surgical consult for him however he did have a consult with a physical medicine specialist on 9/26/13 who noted that the patient had difficulty sitting, standing, and walking and had a decrease in ADL's in regard to self care, grooming and hygiene. He diagnosed a L/S strain, sciatica and myofascial pain syndrome as well as chronic pain syndrome. He stated that the patient did not want surgery and that he was fully committed to participation in a functional restoration program, which the specialist had sought to have authorized. He also noted that the patient was committed to decrease his pain meds and increase his independence through this program. The goals of the functional restoration program would be to decrease pain, improve sleep, and decrease depression and anxiety and increase his ADL's. However, the utilization review (UR) did not authorize this.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Overturned

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 functional restoration programs Page(s): 30 and 49.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section states that the functional restoration program is utilized for chronic pain and is a medically directed interdisciplinary pain management program for chronic disabling musculoskeletal disorders which incorporates exercise and psychological treatment. A Cochrane study done showed that this type of program could improve function with lumbar pain. Also noted that a patient needs to be motivated and that the therapy includes PT and occupational counseling. This patient does meet the criteria for chronic back pain and that his ADL's are severely affected. The patient does not want surgery and his MRI does not show a dangerous lesion that needs to have surgery. The physical medicine M.D. states that the patient is highly motivated to increase independence and decrease pain meds and follow through with the full program. Therefore, I believe he is a good candidate for this type of intervention and that it should be authorized and is medically necessary.