

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0048542 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/07/2009 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 61-year-old male who reported an injury on December 07, 2009. The mechanism of injury information is not provided in the medical records. A review of the medical records reveals the patient's diagnosis is post laminectomy syndrome of the lumbar spine. The patient is status post a left S1 anterior posterior fusion performed in January 2011. The patient participated in a 4-week course at the [REDACTED] Functional Restoration Program and Physical Therapy. It is noted in the progress report, for week #4 of the functional restoration program, that the patient was doing quite well on his wean since transitioning from Norco to buprenorphine. The patient denied any significant opioid withdrawal symptoms and states that he is happy with his progress thus far. He continues to have significant complaints of pain; however, he is learning to deal better with it. The patient's medication regimen only includes the buprenorphine 0.1mg, 2 tablets 3 times a day, when it previously included Norco. The patient indicated he would be able to wean the buprenorphine 0.1mg, 2 tablets 3 times a day, to 0.1mg, 2 tablets twice a day. It was anticipated that the patient would have successful weaning of this medication within 2 to 3 weeks. The patient does express anxiety with regard to the process; however, he is doing well. After 4 weeks of actively participating in the program, the patient has achieved a 65% reduction in his symptoms of anxiety and depression as well as complete titration off all his oral narcotics and transitioning to the buprenorphine. The patient is less isolated and engages more in family and community. The patient will be able to better cope and manage with his chronic pain, and his activities of daily living (ADLs) and self-care continue to show improvement as well. The patient's sitting tolerance is up to 40 minutes and overall he is doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

19 ADDITIONAL DAYS OF THE [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The California MTUS Guidelines, state that the treatment duration in a functional restoration program should not exceed 20 sessions. It is documented in the medical records that the patient has made significant improvement with the functional restoration program. There is no documentation provided suggestive that the patient has any significant functional deficits that would suggest that he is not able to participate in a self-directed home exercise program in order to continue any functional gains, and the requested additional 19 days of the [REDACTED] Functional Restoration Program exceeds the recommendation of the California MTUS Guidelines. As such, additional days of [REDACTED] Functional Restoration Program are non-certified.