

Case Number:	CM13-0049111		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2000
Decision Date:	02/15/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pain Management, 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 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:

The patient is a 57-year-old male with date of injury July 1, 2000. Utilization review dated October 22, 2013 recommended modification of a functional restoration program 160 hours to 80 hours. The rationale for denial was based on the MTUS guidelines indicating that the "treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains". On September 10, 2013 [REDACTED] indicates in a multidisciplinary pain consultation report that the patient injured his back from twisting and lifting. Additionally a hernia injury was reported with open hernia repair in 2009. Additionally he underwent a left shoulder arthroscopy and rotator cuff repair of subscapularis on June 12, 2012. [REDACTED] 21 page report indicates the patient has chronic intractable pain and depression. Recommendation was made for functional rehabilitation program four days per week, five hour treatment days for a total of 32 sessions (160 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a Functional Restoration Program, 160 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49..

Decision rationale: The patient presents with a history of chronic intractable low back pain, major depression, and inguinal hernia. Patient is status post hernia surgery and left shoulder surgery. Review of the multidisciplinary pain consultation report from [REDACTED] addresses the chronic nature of the patient's condition, failure to improve with conservative treatments and surgery with major functional deficits and depression upon testing. [REDACTED] recommendation was for 160 hours of functional restoration program. The California MTUS guidelines state "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains". Although the California MTUS guidelines go on to state that a continuous course of treatment should not be disrupted, but the program must demonstrate preliminary gains. In this patient, the treating physician has asked for the entire 160 hours and exceeds what is recommended by guidelines for the initial 2 week trial. Therefore the request is not certified.