

Case Number:	CM13-0050621		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2006
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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, 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 injured worker is a 45-year-old male who reported an injury on 10/13/2006. The injured worker was seen on 10/26/2013 for subjective complaints of his back feeling worse with his shoulder and neck hurting as well. The injured worker was of average height and weight who relied very extensively on his cane as he walked. The injured worker received a Toradol injection on 11/14/2013 for a low back pain flare-up. On 12/21/2013, the injured worker was seen by [REDACTED], for a mental health progress report. At that time, the injured worker stated that his physical status was deteriorating with increasing speed and claims it is unlikely to improve to any extent without surgery. It was further noted that the injured worker remained focused on his need for surgery and believed nothing else would be of significant benefit, and he remained seriously depressed in feeling as if he was unable to tolerate the possibility that his disability may be permanent and stationary and continue to seek surgery that he believes - apparently with some good reason - may offer major improvement for him. The injured worker was seen most recently on 02/13/2014 for low back complaints that the injured worker stated come and go. The injured worker was prescribed Cyclobenzaprine at bedtime and stated that his medication was helpful with no side effects and was encouraged.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 30-34.

Decision rationale: According to California MTUS Guidelines, patients who have conditions that put them at risk for delayed recovery are recommended for programs where there are proven successful outcomes. Criteria for the use of a multidisciplinary pain management program is considered medically necessary when all of the following criteria are met, this would include patients who have gone through an adequate or thorough evaluation to include baseline functional testing, as well as previous methods of treating the patient's chronic pain have been noted as unsuccessful, and there is an absence of other options that are likely to result in significant clinical improvement. The patient should also have an indication that they have had a significant loss of ability to function independently resulting from their chronic pain. Patients should also not be a candidate for surgery or any other treatments that would clearly be warranted if a goal of treatment was to prevent or avoid controversial or optional surgery (whereupon a trial of 10 visits could be implemented in order to assess whether a surgical procedure can be avoided). Lastly, patients should exhibit the motivation to change and should be willing to forego secondary gains, which could include disability payments to affect this change. In the case of this patient, the documentation does not specify that he is unable to function independently because of his chronic pain. Furthermore, a thorough overview of the injured worker's motivation to change and knowledge that further treatment may not cure his injuries, and a clear definition that a surgical procedure is not in this injured worker's future as a method of treating or curing the injured worker has not been documented. Therefore, the request for a functional restoration program cannot be supported at this time and is non-certified.