

Case Number:	CM13-0057084		
Date Assigned:	05/21/2014	Date of Injury:	10/18/2012
Decision Date:	07/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 and 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:

Per the initial multidisciplinary conference evaluation by [REDACTED] Functional Restoration Program dated 10/31/2013, the patient presented with work injury after being punched in the nose by one of the patients while she was bending down to plug in the bed control. She became unconscious for 40 minutes until she was found by a coworker. The patient presents with neck, low back, midback pain radiating down to the lower extremities into the upper extremities, migraines. An MRI of the cervical spine from 01/19/2013 was normal, and the lumbar spine from 01/19/2013 showed disk herniation at L5-S1 with fissuring at L4-L5. Per the agreed medical exam (AME) report 07/01/2013, the patient had cognitive problems with memory, difficulty swallowing after chiropractic treatment. The electrodiagnostic studies were normal. The current medications were gabapentin, nabumetone, Zofran, lidocaine patches, amitriptyline, and buprenorphine. The Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses were pain disorder associated with poor general medical condition and psychological factors, depressive anxiety disorders. Under discussion, [REDACTED] states the "patient would very much like to improve her functional ability and pain management skills so that she can return to gainful employment and increase her engagement with work, her family, life in generally." Since her injury, the patient declined physically and emotionally became increasingly isolated. Her mood is deteriorating due to pain. The treatment plan was to improve the patient's physical functioning and overall function as well as strength and conditioning training were listed. The evaluator felt that the patient fulfilled the criteria outlined by Official Disability Guidelines for the use of multidisciplinary pain management program and the recommendation was for 160 hours of Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 HOURS OF FUNCTIONAL RESTORATION PROGRAM: 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: This patient presents with widespread pain having failed all conservative care. The patient has been evaluated by a functional restoration program and a full evaluation was provided. The request is for 160 hours of Functional Restoration Program. Review of the evaluation report from 10/31/2013 containing the request, does appear to adequately document the need for a Functional Restoration Program, including the patient's motivation to improve and change, failure of conservative care, no possibility of surgery, and significant loss of function from chronic pain. However, the Chronic Pain Guidelines also require documentation of negative predictors, which this report does not contain. These negative predictors include a discussion regarding negative relation with the employer, negative outlook about future employment, high-level psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opiate use, and pre-treatment levels of pain. In this case, the evaluation does not discuss the negative relationship with this employer, poor work adjustment satisfaction, negative outlook about future employment, and whether or not the patient is a smoker. Furthermore, while the total treatment duration should generally not exceed twenty (20) day full sessions, "treatment is not suggested to longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, the evaluation does not provide discussions regarding negative predictors. The request exceeds what is initially allowed by the guidelines for a trial of two (2) weeks up to twenty (20) full day sessions. The request is not medically necessary.