

Case Number:	CM13-0058091		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2005
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 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:

This is a 54 year-old male who was injured on 10/24/05. He has been diagnosed with discogenic low back pain; s/p lumbar decompression laminectomy; postlaminectomy syndrome; fear avoidance; possible left SI joint dysfunction; and severe depression. According to the 10/2/13 HELP/functional restoration program (FRP) evaluation by [REDACTED], the patient presents with 5-8/10 pain, and is taking Cymbalta 60mg 2tabs/day; Lyrica 150mg tid; morphine sulfate 20mg bid; hydrocodone/APAP 5mg bid; Lidoderm patches prn. His SOAPP-14 score was 6, he is at low risk for aberrant drug behavior. He is reported to be motivated to change and return to work and wean off medications. He has learned helplessness and fear-avoidance, but it was felt this could be helped with the FRP. [REDACTED] recommended 3-week/part days or the equivalent of 2 full weeks of the FRP. On 11/1/13 UR denied this. The 9/10/13 report from [REDACTED] notes the patient's functional disability is an antalgic gait and he is deconditioned with reduced ROM in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 WEEKS OF HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM 3 WEEKS OF PART DAY TREATMENT TUESDAY-FRIDAY 9AM-4PM +2 FULL WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain, decreased motion and antalgic gait. The records show that [REDACTED] has been attempting to have the patient enrolled in his functional restoration program since 5/3/13, which is the earliest report available for this IMR. The reports discuss the patient's motivation to return to work, but do not mention whether he is willing to forgo secondary gains, including disability payments to effect this change, as is required in the criteria for a chronic pain program. The criteria also require that the patient not be a candidate for surgery. The reports from 5/3/13 through 10/14/13 do not contain any orthopedic reports discussing whether further surgery is an option or not. It is not known if there is an absence of other options likely to result in significant improvement. Based on the information provided to IMR, the request does not appear to meet the MTUS guidelines