

Case Number:	CM13-0061365		
Date Assigned:	05/07/2014	Date of Injury:	08/02/2012
Decision Date:	06/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 51 year-old with a date of injury of 08/02/12. A progress report associated with the request for services, dated 11/05/13, identified subjective complaints of low back, pelvic, and thigh pain. Objective findings included tenderness to palpation of the low back and left hip. There was decreased sensation in the left lower extremity. Motor function was normal. A Functional Capacity Exam (FCE) on 08/06/13 indicated that there was at least one uninvolved area of inconsistency possibly indicating poor credibility and insincere effort. Diagnoses included healed left inferior pubic ramus fracture and lumbar disc disease with sciatica. Treatment has included physical therapy and home exercises, oral analgesics, and NSAIDs. A Utilization Review determination was rendered on 11/19/13 recommending non-certification of "multidisciplinary program at HELP".

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PROGRAM AT HELP: 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): 30-33, 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. It further states that research is ongoing as to how to most appropriately screen for inclusion into these programs. The program is considered medically necessary when all of the following criteria are met: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain. The patient is not a candidate where surgery or other treatments would clearly be warranted. The patient exhibits motivation to change. Negative predictors of success above have been addressed. In this case, the patient does not meet those criteria. Baseline functional testing had questionable validity. Likewise, this also relates to negative predictors of success and motivation. Therefore, there is no documented medical necessity for a functional restoration program.