

Case Number:	CM13-0064798		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2005
Decision Date:	05/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of [REDACTED] and has submitted a claim for low back, left shoulder, and bilateral pain with an industrial injury date of April 27, 2005. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, TENS unit, home exercise program, left knee injections, lumbar spine surgery, left shoulder arthroscopic surgery, left knee arthroscopic surgery, and left total knee replacement; all of which were claimed to be ineffective. Utilization review from November 19, 2013 denied the request for 32 days of functional restoration program because negative predictors have not been addressed. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant low back, left shoulder, and bilateral knee pain, rated 6/10. He could walk for 10 minutes before having to stop because of his pain. The patient also reported avoiding physically exercising and had difficulty dressing himself, performing household chores, grocery shopping, driving, and having sexual relations. On physical examination, the patient presented as deconditioned and had difficulty transferring from his chair to the exam table. He exhibited significant amount of self-guarding and fear-avoidance with movements and appeared outwardly depressed at times. His gait was antalgic and had significant problems with balance. Examination of the left shoulder showed slight limitation of range of motion and tenderness to palpation over the posterior aspect. Examination of the lumbar spine showed that he tolerated minimal movements with either flexion or extension in the low back due to guarding from the pain. He also had hypersensitivity to touch and had tenderness in the lower lumbar paraspinal region. There was positive lumbar facet loading maneuver bilaterally and a positive straight leg raise test on the right. Examination of the left knee showed acute tenderness to palpation over the medial joint line. There was diminished sensation in bilateral L5 and S1 dermatomes. The goal of the functional restoration program in the treatment of the patient were noted to be as follows:

to transition the patient from being sub-sedentary to tolerating light work activity; to develop endurance to tolerate a six to eight hour work day; to become independent with activities of daily living; to develop appropriate tools to effectively self-manage underlying pain symptoms; and to wean off and eliminate analgesic medications. The medical reports also indicated that the patient is not a candidate for further surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL RESTORATION PROGRAM FOR 32 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program participation include an adequate and thorough evaluation and that negative predictors of success have been addressed. In this case, although the medical reports indicated that there is absence of other options likely to result in improvement, negative predictors of success such as high levels of psychosocial distress (higher pretreatment levels of depression, pain, and disability), a negative outlook about future employment, duration of pre-referral disability time, and prevalence of opioid use have not been addressed. The aforementioned factors have been found to be negative predictors of efficacy of treatment and completion of the programs. In addition, guidelines state that treatment duration in excess of twenty sessions require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The request for a functional restoration program for 32 days is not medically necessary or appropriate.