

Case Number:	CM13-0066514		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2000
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This is a 54 year-old female who was injured on 9/19/2000. She has been diagnosed with lumbar spondylosis; myofascial pain and moderate depression. According to the 11/27/13 report from [REDACTED], the patient have completed 3-weeks of part day treatment in his FRP and he is requesting the patient receive 6-weeks. The patient had already returned to work prior to the FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HELP PROGRAM INTERDISCIPLINARY PAIN REHABILITATION PROGRAM, 3 REMAINING WEEKS OF PART DAY TREATMENT, EQUATING TO 2 FULL WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: The Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30-32

Decision rationale: The patient presents with low back pain, myofascial pain and depression. She had 3-weeks of the FRP. The goals were with minimal baseline measurements such as 10 mins of walking to improve to 45 mins. The physician refers readers to the 10/8/13 initial evaluation to review that the California MTUS criteria has been met, and the 8/14/13 report from [REDACTED] which contains an extensive record review has been provided. ACOEM guidelines note that functional capacity testing can be influenced by multiple non-medical factors other than physical impairment. The California MTUS criteria for the FRP states: "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 record review from [REDACTED] shows the patient had improvement with prior PT, documented on a 5/10/07 report; and shows 70% improvement overall from the surgery according to [REDACTED] on 5/30/07. Therapy and medications appeared to have benefitted the patient to the point where she could return to work without the FRP. The patient does not meet the California MTUS criteria for the FRP.