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| Case Number: | CM13-0066763 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/05/2011 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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 Family Medicine 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 50 year old female sustained a work related injury on 08/05/2011. She sustained the injury from lifting a heavy bag of garbage from a container. The current diagnoses include Spondylolisthesis of the lumbar spine with back and radicular pain; carpal tunnel syndrome. Per the doctor's note dated 10/22/14, she had complaints of low back pain and pain in wrists. Physical examination revealed normal gait, left wrist pain, 5/5 strength and tone in bilateral extremities. According to the progress report dated 11/19/2013, she had complaints of chronic back and leg pain, 5-6/10 on a subjective pain scale. The physical examination revealed an antalgic gait. She continues to utilize a single point cane to help with ambulation. She was alert and oriented times three with no signs of sedation. Current list of medications included Gabapentin, Buprenorphine, Aspirin, Metoprolol, Plavix, Pravastatin, and thyroid medication. Per the records provided she has completed a six week course of the [REDACTED] Functional Restoration Program. After the functional restoration program was completed, she had 80% reduction in her initial symptoms of anxiety and depression. She is less depressed and less isolated. She has a sitting tolerance of up to 45 minutes and she is better able to cope with and manage her chronic pain using cognitive behavioral techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Additional sessions of a Functional Restoration Program: 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 (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines functional restoration programs are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The pain evaluation of this patient (e.g. pain diary) is not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain, is not specified in the records provided. Response to previous methods of treating chronic pain, including physical therapy visits is not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs...(4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)(7) duration of pre-referral disability time; (8) prevalence of opioid use;" This patient's date of injury was in 2011 and therefore she had an increased duration of pre-referral disability time. Patient has already completed six weeks of a functional restoration program. Rationale for repeating a similar program is not specified in the records provided. The medical necessity of Six Additional sessions of a Functional Restoration Program is not fully established in this patient. Therefore, the request is not medically necessary.