

Case Number:	CM13-0071063		
Date Assigned:	01/08/2014	Date of Injury:	11/27/2011
Decision Date:	06/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pain 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:

The injured worker is a 46-year-old male with a reported date of injury on 11/27/2011. The injured worker complained of low back and bilateral knee pain. The injured worker's motor strength was 5/5 right and left ankle dorsiflexors, and 5/5 knee flexors. In addition, the injured worker's low back range of motion was 90% normal upon forward flexion. According to the documentation dated 11/14/2013, the injured worker's treatment has consisted solely of medications. The physician noted the injured worker did not attend physical therapy or chiropractic care, or receive injections, based on previous record. According to the documentation dated 12/19/2013, the injured worker declined lumbar epidural injections. The injured worker scored a 44 on the Beck Depression Inventory which placed him in the severe range for symptoms of depression. The injured worker scored a 31 on the Beck Anxiety Inventory placing him in severe range for symptoms of anxiety. Within the psychological evaluation it was noted the injured worker suffered from severe depression, and a low sense of control over his pain, and avoidance of activities that might increase his pain. The injured worker's medication regimen included Butran patches, Terocin topical solution, nabumetone, Norco, Soma, Risperdal, Docusate sodium, fish oil, flexeril, and nortriptyline. The injured worker's diagnoses included mood disorder associated with chronic pain syndrome, left lateral meniscal tear, and degenerative disc disease at L4-5 and L5-S1. The Request for Authorization for functional restoration program 5 times a week x8 weeks was submitted on 12/23/2013. The requesting physician noted the injured worker would benefit from a functional restoration program for strengthening and pain management skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 5X A WEEK X 8 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator 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), 31, 32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Programs (functional restoration programs).

Decision rationale: According to the California MTUS Guidelines, functional restoration programs are recommended for injured workers with conditions that put them at risk of delayed recovery. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined. According to the clinical note dated 01/08/2014, it was documented that the injured worker has developed active depression due to his industrial injury. In addition, the injured worker has decided to stop taking his Cymbalta, due to GI upset. The injured worker scored a 44 on the Beck Depression Inventory which placed him in the severe range for symptoms of depression. The injured worker scored a 31 on the Beck Anxiety Inventory placing him in severe range for symptoms of anxiety. Within the psychological evaluation it was noted the injured worker suffered from severe depression, and a low sense of control over his pain, and avoidance of activities that might increase his pain. The psychological evaluation does report that the injured worker is highly motivated to increase his activity level and to return to work. The initial evaluation for the functional restoration program dated 11/15/2013, revealed the injured worker was able to lift 15 pounds overhead, and floor to waist 20 pounds x2. Although the clinical information provided for review documents that the injured worker has significant depression and anxiety and is highly motivated; the guidelines recommend no longer than 2 weeks without evidence of demonstrated effectiveness as documented by subjective and objective gains. Therefore, the request for a functional restoration program 5 times a week x8 weeks is non-certified.