

Case Number:	CM14-0004189		
Date Assigned:	02/05/2014	Date of Injury:	05/11/2010
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

According to the records made available for review, this is a 29-year-old male with a 5/11/10 date of injury. At the time (12/6/13) of request for authorization for functional restoration program 20 days + 6 monthly follow ups, there is documentation of subjective (chronic low back pain radiating to the right lower extremity) and objective (ambulating slowly, limited lumbar spine range of motion, tenderness to palpation over the lumbar paraspinals, positive straight leg raise bilaterally, and appears anxious) findings, current diagnoses (chronic low back pain, neuropathic pain, chronic pain syndrome, and depression), and treatment to date (TENS unit, lumbar hemilaminectomy with decompression, chiropractic treatment, physical therapy, and medications). A 12/4/13 interdisciplinary evaluation identifies that the patient is not a candidate where surgery or other treatments would be clearly recommended, exhibits motivation to change, and negative predictors of success have been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 20 DAYS + 6 MONTHLY FOLLOW UPS:
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 SECTION CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that 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 employee has a significant loss of ability to function independently resulting from the chronic pain; the employee is not a candidate where surgery or other treatments would clearly be warranted; and the employee exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, neuropathic pain, chronic pain syndrome, and depression. In addition, there is documentation that 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 employee has a significant loss of ability to function independently resulting from the chronic pain; the employee is not a candidate where surgery or other treatments would clearly be warranted; and the employee exhibits motivation to change. However, the requested functional restoration program 20 days exceeds guidelines (treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains). In addition, there is no documentation of a rationale identifying the medical necessity of the requested 6 monthly follow ups. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program 20 days + 6 monthly follow ups is not medically necessary.