MAXIMUS Federal Services

Case Number:	CM14-0101609		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2003
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 and is licensed to practice in Texas and Ohio. 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 73-year-old female who reported an injury on 11/13/2003. The injuries she sustained in 2 motor vehicle accidents that were work related. The injured worker has diagnoses of syndrome, post laminectomy of the lumbar spine, stenosis spinal lumbar, generalized anxiety disorder, sciatica, disorders of the sacrum arachnoiditis, and unspecified major depression with a single episode. The medical treatments consists of cognitive behavior therapy, functional restoration program, physical therapy, surgery, and medication therapy. Medications include Senokot, Venlafaxine, morphine sulfate, Gabapentin, Baclofen, aspirin, Atenolol, Hydrochlorothiazide and Biotin. The injured worker has undergone x-rays and MRIs. The injured worker has had 3 lumbar spine fusions from L2-S1. On 06/13/2014 the injured worker complained of severe back and leg pain. Physical examination revealed a motor strength of 5/5 of the lower extremities bilaterally. Deep tendon reflexes on the right patella and Achilles were absent compared to the left, which were 2+ at the patella and the Achilles. There was no ankle clonus. Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinous muscles. Range of motion of the lumbar spine was limited to approximately 70 degrees. Extension was limited to less than 5 degrees with pain at end range. Lateral tilt was reduced by 50% on the left side of the lumbar spine and 25% on the right side of the lumbar spine. Treatment plan is for the injured worker to continue with functional restoration program 160 hours. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (hours) QTY: 160.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for Functional Restoration Program (hours) QTY: 160.00 is not medically necessary. The California MTUS state that an adequate and thorough evaluation needs to be made, including baseline functional tests, so that follow-up with same test can note functional improvement; previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; injured workers have had a significant loss of the ability to function independently resulting from the chronic pain; and they are not candidates where surgery or other treatments would clearly be warranted and they are exhibiting motivation to change. Negative predictors of success should also be addressed. Functional restoration treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions and a treatment duration and access of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The submitted documentation lacked any measurable baseline against which to measure the efficacy of the functional restoration program. Additionally, there was a lack of evidence that the injured worker had failed conservative treatment, to include physical medicines and medications. Furthermore, there was indication that the injured worker had already undergone a previous functional restoration program, which the note stipulated that the injured worker was considered at a stage beyond, above and does not meet the intent and primary purpose of the functional restoration program with a goal of return to the workforce. It was also noted in the report that there were several negative predictors of functional restoration programs success and that the injured worker was retired with no evidence provided that the injured worker would be returning to work. Given the above, the request for additional hours of functional restoration program is not warranted. Furthermore, the provider did not submit a rationale as to why he feels additional hours would be beneficial to the injured worker. As such, the request is not medically necessary.