

Case Number:	CM14-0012549		
Date Assigned:	02/21/2014	Date of Injury:	09/03/2012
Decision Date:	08/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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 is a 61-year-old female with a 9/3/12 date of injury. The patient was going down stairs and almost fell but was caught by a coworker, and began experiencing pain radiating from the low back into the left leg. The patient is status post a hip replacement and post operative PT. On 12/11/13, the patient had left buttock pain that radiated to the left hip as well as numbness that radiated down to the foot. The patient denied axial back pain and states pain is primarily in the "sit bone". The patient is noted to have failed coping mechanisms. Objective: patient ambulates with a cane. An appeal note dated 1/27/14 stated the patient had ongoing back pain that was unresponsive to a sacrotuberous ligament injection, which does not appear to be generating from the left hip replacement. In the setting of depressive symptoms and failed coping mechanisms, the patient was requested for initial evaluation for a FRP. Treatment to date: chiropractic sessions, medication management, sacrotuberous injection, psychiatric treatment, lumbar ESI, bilateral hip replacement with post operative PT. A UR decision dated 12/31/13 denied the request for the FRP due to absence of criteria including an adequate and thorough evaluation including baseline functional testing. Previous methods of treating the patient's chronic pain have been unsuccessful and it is unlikely that other options will result in significant clinical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: 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 Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. This patient has a 2012 date of injury with a left hip replacement and had post operative Physical Therapy, however it is unclear how many sessions she had. The requesting physician claims she is not a surgical candidate, but there is no surgical consult note which states that. The patient complains of hip pain and has bilateral hip replacements, but is not noted to be on any pain medication at the time of the request. The patient was also apparently non-compliant with her other medications. There are no documented attempts to return to work since her injury. In addition, the patient has not had a functional restoration program evaluation to assess her baseline function and the request does not specify how many hours of an FRP are being requested. Therefore, the request for the [REDACTED] [REDACTED] Functional Restoration Program is not medically necessary.