

Case Number:	CM14-0013248		
Date Assigned:	04/09/2014	Date of Injury:	01/01/2012
Decision Date:	09/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, 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 36 year-old female cashier sustained an injury on 1/1/12 while employed by Target Corporation. Request under consideration include a multidisciplinary pain rehabilitation program x 20 days. Report of 10/9/13 from the provider noted patient with low back, right posterior hip pain with occasional dysesthesias to right leg. Exam only noted BMI >40kg/M2, recent gastric bypass with 140 lbs. loss; limited lumbar ROM. Medications list Norco up to #160 tablets per month. Conservative care has include medications, physical therapy, chiropractic care, and off work. Diagnoses include advanced upper lumbar DDD and facet arthropathy. Has been off work x 11 months; reviewed treatment options and recommendation functional restoration program of 20 days; home traction unit; gym access to include pool; continued extensive work restrictions (patient remained not working); and further weight loss. Request for above Functional restoration program for 20 days was partially-certified for two weeks (14 days) citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain rehabilitation program x 20 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms without neurological deficits or identified limitations with any specific activities of daily living, currently off work for at least 11 months, and was on significant chronic amount of monthly opioid medication (now off as she is breastfeeding) without functional improvement from extensive treatments already rendered. There is also no clear psychological issues documenting necessity for functional restoration program. Nevertheless, the patient was partially-certified for 2 weeks (14 days) of FRP now with appeal for 20 days duration. Guidelines specifically states integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available at least on a bi-weekly basis during the course of the treatment program with treatment not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Submitted reports have not demonstrated the medical necessity for support outside the guidelines criteria. The multidisciplinary pain rehabilitation program x 20 days is not medically necessary and appropriate.