MAXIMUS Federal Services

Case Number:	CM14-0013300		
Date Assigned:	02/26/2014	Date of Injury:	01/24/2005
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
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 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic low back pain, psychological stress, anxiety, and depression reportedly associated with an industrial injury of January 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated, January 23, 2014, the claims administrator partially certified a request for 20 days of functional restoration program as a 10 day trial of said functional restoration program, exclusively citing non-MTUS ODG guidelines although the MTUS addressed the topic at hand. Six functional restoration followup visits were denied outright. The applicant's attorney subsequently appealed, March 17, 2014. The applicant's attorney expressed anger that the claims administrator seemingly gave precedence to non-MTUS ODG Guidelines over MTUS Guidelines, which fall higher on the hierarchy of evidence. The applicant's attorney subsequently appealed. In a follow-up report dated January 16, 2014, the applicant was described as having completed the evaluation, physical therapy evaluation, and psychosocial evaluation to pursue a functional restoration program. The applicant had persistent complaints of low back pain. The applicant was on Opana and oxycodone. It was stated that the applicant was able to do home chores, laundry, wash meals, and prepare meals with the program in question. Authorization for the functional restoration program was sought while Opana and oxycodone were renewed. In an interdisciplinary evaluation report dated January 15, 2014, it was stated that the applicant had ongoing complaints of low back pain. The applicant was no longer working as a cook. The applicant stated that she would like to go back to work. It was stated that the applicant would like to attend a 20-day, 150-hour course of interdisciplinary treatment distributed over 20 part day sessions at a rate of six hours a day for five weeks

followed by six monthly followup visits. It was stated that the program would comprise of medical management, education, physical therapy, activation, biofeedback, pain support, relaxation training, nutrition lectures, yoga, and return to work assistance. It was stated that the applicant wanted to return to gainful employment, diminish pain levels, improve functional levels, and improve her ability to perform household activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR TWENTY (20) DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 Web-Based Edition and http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Topic. Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration should generally not exceed 20-full day sessions or the equivalent part day sessions. In this case, the attending provider has seemingly sought authorization for treatment in excess of MTUS parameters. The attending provider has sought authorization for a total 20 sessions plus six monthly followup visits, which represents treatment in excess of the MTUS parameters. It is further noted that treatment is typically not suggested, per the MTUS, for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, then, the attending provider has sought authorization for the entire functional restoration program at the outset, without any provisos to reevaluate the applicant between the course of treatment so as to ensure the presence of subjective and objective gains. It is further noted that another criteria set-forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of the functional restoration program is that the applicant should not be a candidate for surgery or other treatment which would clearly be warranted to improve pain and function and that there is an absence of other options likely to result in significant clinical improvement. In this case, the attending provider has not clearly stated or established why the applicant cannot continue her rehabilitation through conventional outpatient office visits, a trial of work, etc. The 20-day functional restoration program proposed here, thus, does not conform to MTUS parameters or principles. Therefore, the request is not medically necessary.

SIX (6) MONTHLY FOLLOW UPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 Web-Based Edition and http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs Topic. Page(s): 32.

Decision rationale: As with the preceding request, the attending provider has seemingly sought authorizations for the entire program at the outset. However, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines states the treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy. In this case, the attending provider sought authorization for the entire functional restoration program without any attempt to reevaluate the applicant during the course so as to ensure that the applicant in fact improving and/or responding favorably to the same. It is further noted the six additional follow-up visits being sought by the attending provider, in effect, represent treatment in excess of the 20-session total treatment duration recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider has not, furthermore, furnished any compelling applicant-specific rationale, narrative, or commentary which would support a longer duration of treatment such as that proposed here. Therefore, the request is not medically necessary.