MAXIMUS Federal Services

Case Number:	CM14-0015729		
Date Assigned:	03/03/2014	Date of Injury:	01/09/2013
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 31 year-old male with a 1/9/13 date of injury. He has been diagnosed with chronic low back pain; reactive myofascial pain bilateral gluteal and paraspinal musculature; lumbar DDD; deconditioning and severe depression. According to the 11/1/13, pain management/[redacted] program report from [redacted], the patient was evaluated for the [redacted] program on 8/30/13 and attended the Outpatient Latino [redacted] program 9/2/13 to 11/1/13. On 2/7/14 UR made a retrospective modification of the 3-week [redacted] program to allow 10 days/80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL COURSE OF 3 WEEKS PART DAY TREATMENT IN THE [redacted] LATINO PROGRAM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the 11/1/13, pain management/ program report from , the patient was evaluated for the program on 8/30/13 and attended the Outpatient Latino program 9/2/13 to 11/1/13. I have been asked to review for 3-weeks of part date treatment in the latino program. The prior UR appears to have modified the request to allow 80 hours/10-days full time in the functional restoration program. California Medical Treatment Utilization Schedule (MTUS) states "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)" The patient was attending part-day sessions, and does not appear to have exceeded the MTUS recommendation. There has been documentation of improved duration of standing, walking and lifting capacity. The request for the 3-weeks part-day treatment in the program appears to be in accordance with MTUS guidelines. The Latino Program is medically necessary and appropriate.