MAXIMUS Federal Services

Case Number:	CM14-0134807		
Date Assigned:	08/27/2014	Date of Injury:	05/25/2012
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 03/03/2008, 05/01/2008, and 05/25/2012 due to slipping and falling injuring her right knee. The injured worker had a history of right knee pain. The injured worker had diagnoses of old disruption of medial collateral ligament, myalgia, and myositis, sprain/strain to the site of the hip and thigh, and chronic pain syndrome. The injured worker's medication included Gabapentin, Cymbalta, and Trazodone. Prior treatments included acupuncture, medications, TENS unit, physical therapy, and a neurotransmitter to the right knee. The physical examination dated 05/06/2014 of the lower extremity revealed pain with palpation to the patellar areas of bilateral knees. No fusion was seen. Range of motion was restricted secondary to pain. The treatment plan included pain management, biofeedback once a week for 6 weeks, refill current medications, and engage in low impact exercises. The Request for Authorization dated 08/27/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio behavioral pain management/biofeedback once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 25.

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

Decision rationale: The request for bio behavioral pain management/biofeedback once a week for 6 weeks is not considered as medically necessary. The California MTUS Guidelines indicate that functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally, it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical notes were not evident that the injured worker is not a candidate for surgery. The documentation indicated that the injured worker was approved for functional restoration program, however declined. The clinical note dated 08/14/2014 stated that the injured worker was getting good pain control with her current medication regimen. However the 08/14/2014 clinical notes were illegible in parts. As such, the request is not medically necessary.