

Case Number:	CM14-0135686		
Date Assigned:	08/29/2014	Date of Injury:	07/25/2012
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 42 year old female with a reported date of injury on 07/25/2012. The mechanism of injury was lifting. Her diagnoses included lumbar sprain, lumbar disc displacement without myelopathy, and sciatica. Her past treatments included lumbar surgery, pain medication, epidural steroid injections, trigger point injections, chiropractic treatment, and physical therapy. An MRI performed on 05/16/2013 revealed a large L1-L2 disc protrusion. Her medications included Gralise and Effexor. On 07/15/2014, the injured worker underwent a multidisciplinary assessment. It was noted that she had been treated with extensive conservative therapy and surgery, but remained symptomatic. She was noted to have low back pain, radiating symptoms to her legs, fear of activities, limited functional ability, deconditioning, and a depressed mood due to her pain and functional limitations. Findings from her psychological assessment suggested the presence of anxiety, depression, cognitive dysfunction, and emotional lability. However, there was no evidence of severe psychological disorders or substance abuse. Her physical assessment indicated that she was markedly deconditioned, with difficulty with her biomechanical functions and activities of daily living, postural imbalances, and gait discrepancies. However, objective physical examination findings were not documented. The treatment plan included participation in the Asclepius Pain Management Functional Restoration Program x 160 hours. The program was recommended as she had chronic pain with significant emotional and physical dysfunction despite extensive pain therapy, an absence of other options likely to result in significant clinical improvement, and motivation to improve her function and resume a productive life. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Asclepius pain management functional restoration program x 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 31.

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

Decision rationale: The request for Asclepius pain management functional restoration program x 160 hours is not medically necessary. The California MTUS Chronic Pain Guidelines state that admission to a functional restoration program may be appropriate when an adequate and thorough multidisciplinary evaluation has been performed and baseline functional testing has been completed. Additionally, documentation should show that previous treatment methods have been unsuccessful and there is an absence of other options, including surgery, likely to result in significant clinical improvement; the patient has significant difficulty functioning independently; the patient has motivation to change; and negative predictors of success have been addressed. When indicated, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, and the total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part-day sessions. The injured worker has chronic pain, psychological components, and difficulty functioning, despite extensive treatment, including physical methods, injections, medications, and surgery. A multidisciplinary assessment was performed and she was noted to have an absence of other treatment options, motivation to change, and no significant negative predictors of success. It was also noted that she was physically deconditioned. However, the documentation did not include a detailed physical examination with evidence of objective functional deficits. Additionally, the request for 160 hours exceeds the recommended 2 week trial period required to establish benefit prior to continuing with the program. As the requested duration of treatment exceeds the guidelines, and as the documentation failed to include evidence of significant objective functional deficits on physical examination, the request is not supported. As such, the request is not medically necessary.