MAXIMUS Federal Services

Case Number:	CM14-0138173		
Date Assigned:	09/05/2014	Date of Injury:	08/12/2013
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 New York and North Carolina. 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 44-year-old male employee's treating provider is appealing the 8/12/14 denial of a course of treatment with a functional restoration program. He was injured 8/12/13, when he lifted a 60 pound box while leaning forward, and now has chronic low back pain with radiation to the lower extremity. MRI on 10/7/13 showed a broad-based right bulge causing mild central canal stenosis and bilateral neuroforaminal narrowing. There was also moderate multilevel facet arthrosis. He has been diagnosed with chronic pain syndrome, sacroiliitis, lumbar radiculopathy, lumbar spondylosis and myofascial pain syndrome. He has been treated with medication, such as Nortriptyline and Neurontin; the latter has helped with radicular pain. He tried baclofen for spasm, but the side effects caused him to discontinue it. He is also prescribed. Lidoderm patches. He had been prescribed Celebrex in the past. He had marijuana in his urine screen 6/11/14, so opiate prescribing was discontinued, and he was weaned from Tramadol and taken off of Norco. He also had Soma in the past. He had an epidural steroid injection 2/27/14 without reduction in symptoms. Per the record, he has had physical therapy and a home exercise program and a trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

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

Decision rationale: This patient has not met all criteria for referral to a functional restoration program per MTUS guidelines. There is no objective measure of his baseline (pre-FRC program) function in the records reviewed, so that improvement can be quantified. (see criteria 1 below). Although it is implied that this patient has had a significant loss of functional ability (the provider ordered a motorized scooter), again, it hasn't been quantified or explained. There is no indication that criteria 5 and 6 (below) have been addressed - looking at motivation to change and any negative predictors of success with a functional restoration program. The denial of the functional restoration program is upheld.Criteria for the general use of multidisciplinary pain management programs:Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1)An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2)Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3)The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided)(5)The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. [(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain.