

Case Number:	CM14-0139387		
Date Assigned:	09/05/2014	Date of Injury:	05/26/2004
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 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:

According to the records made available for review, this is a 60-year-old male with a 5/31/05 date of injury. At the time (6/11/14) of request for authorization for Functional Restoration Program Outpatient QTY: 20 and Functional Restoration Program Monthly Follow Up Appointments, there is documentation of subjective (constant, chronic mid lower back pain that can radiate down back of legs to knees at its worst, all movements using his back or lower legs are aggravating, lives a fairly sedentary life, becomes winded after 10 minute of walking, can tolerate standing for about 30 minutes, and sitting for 1 hour) and objective (normal ambulation, lumbar active range of motion: forward bending 60 degrees, backward bending 15 degrees, and side bending 20 degrees bilaterally, pain with moderate depth of palpation in bilateral lumbosacral soft tissues, and straight leg raise positive bilaterally with patient guarding against further movement at 40 degrees, complaining of calf pain bilaterally) findings. The current diagnoses are chronic lower back pain, lumbosacral degenerative disc disease and deconditioning, and depression and anxiety. The treatment to date includes Norco, Morphine, acupuncture, and injections. 8/18/14 medical report identifies patient is motivated to help himself be more functional and is not a candidate for any surgery. 6/18/14 medical report identifies patient has completed a multidisciplinary evaluation including baseline functional testing and is currently unable to return to work due to pain and impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Outpatient QTY: 20 days: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of chronic lower back pain, lumbosacral degenerative disc disease and deconditioning, and depression and anxiety. In addition, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, the proposed Functional Restoration Program Outpatient QTY: 20 days exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program Outpatient for 20 days is not medically necessary.

Functional Restoration Program Monthly Follow Up Appointments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. The Official Disability Guidelines identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of

diagnoses of chronic lower back pain, lumbosacral degenerative disc disease and deconditioning, and depression and anxiety. However, there is no documentation of a pending Functional Restoration Program that has been authorized. In addition, there is no documentation of the quantity of follow up appointments requested. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program Monthly Follow up Appointments is not medically necessary.