

Case Number:	CM14-0158720		
Date Assigned:	10/02/2014	Date of Injury:	10/29/2010
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/27/2014

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 Pain Medicine 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:

This is a patient with a date of injury of 10/29/10. A utilization review determination dated 9/5/14 recommends non-certification of additional functional behavioral program x 22 days. 9/2/14 medical report identifies ongoing low back pain, no change in symptoms. He has been in the functional restoration program and is doing very well. He enjoys the program. He has about another month to go and he is off of all medications, only taking Tylenol OTC. On exam, "no significant change" is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Compass Functional Behavioral Program (days) Qty: 22.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 2009, Chronic Pain Programs (Functional Restoration Pro.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34, 49.

Decision rationale: Regarding the request for Additional Compass Functional Behavioral Program (days) Qty: 22.00, California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. 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). Within the medical information available for review, the patient has apparently completed an unspecified number of days in a functional restoration program. The provider notes that he is off all medication, and then notes that he is taking Tylenol OTC. He also notes that symptoms are unchanged and there is no significant change in physical exam findings. As such, there is no clear indication of any significant improvement from the program given that there is no "evidence of demonstrated efficacy as documented by subjective and objective gains." Furthermore, the amount of prior sessions is unclear and the current request for 22 additional days exceeds the treatment duration recommended by the CA MTUS. Unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding the above issues, the currently requested Additional Compass Functional Behavioral Program (days) Qty: 22.00 is not medically necessary.