MAXIMUS Federal Services

Case Number:	CM14-0162501		
Date Assigned:	11/10/2014	Date of Injury:	09/10/2013
Decision Date:	12/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Interventional Spine 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:

The patient is a 40-year-old male with a date of injury of 09/10/2013. According to progress report dated 08/14/2014, the patient presents with chronic low back pain and psychophysiological disorder. The patient's current medication regimen includes Gabapentin 300 mg, Ondansetron 4 mg, Percocet 7.5 mg/325 mg, and Soma 350 mg. The listed diagnosis is degeneration of lumbar intervertebral disk. Baseline functional report dated 08/04/2014 states that a thorough evaluation was made that included physical demand capacity, activities of daily living, physical therapy, and psychological issues. The provider states that the patient has significant loss of ability to function independently and is not a candidate at this time for further surgery. The patient exhibits motivation to change and is willing to forego secondary gains including disability payments. Multiple negative predictors of success were noted. Short-term and long-term goals were outlined. Physical examination revealed tenderness of the spinous process at L3, the transverse process on the right at L4, and the transverse process on the left at L4. Range of motion was decreased in all planes, and DTRs are 2+ throughout except for 1+ Achilles. Provider recommends patient participate in a functional restoration program. Utilization review denied the request on 09/25/2014. Treatment reports from 01/27/2014 through 11/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for two weeks (10 days) 60 hours to include vocational rehabilitation (unknown hours), therapeutic exercise (20 hours) art therapy (8 hours) patient education (36 hours), and individual psychotherapy (2 hours): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-33.

Decision rationale: This patient presents with chronic low back pain. The current request is for functional restoration program for 2 weeks (10 days) 60 hours to include vocational rehabilitation (hours unknown), therapeutic exercises (20 hours), art therapy (8 hours), patient education (35 hours), and individual psychotherapy (2 hours). The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed.The utilization review denied the request stating "Due to lack of support of guideline evidence for this treatment, specifically that the patient completed an initial evaluation followed by 4 sessions of psychotherapy, and the patient is still reporting high levels of psychological distress." In this case, criteria for participation in the FRP have been met. Review of the assessment report from 08/4/2014 indicates that the patient has lost the ability to function independently and has tried conservative measures without improvement. The provider has noted that the patient is currently not a surgical candidate, and has a strong desire to be rehabilitated and is motivated to participate in functional restoration program. In addition, negative predictors of success were addressed and long-term and short-term goals were mentioned. Given those findings, recommendation is for approval.