

Case Number:	CM14-0164998		
Date Assigned:	10/10/2014	Date of Injury:	11/02/1996
Decision Date:	11/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49-year-old female with complaints of low back pain/leg pain, neck pain/arm pain and knee pain. The date of injury is 11/09/96 and the mechanism of injury is not indicated. At the time of request for functional restoration evaluation, there are subjective (low back pain, bilateral lower extremity pain, neck pain, right upper extremity pain, knee pain) and objective (restricted range of motion cervical and lumbar spine, sensory decreased L4,L5,S1 dermatomes bilaterally, straight leg raise positive bilaterally, tenderness to palpation lumbar paraspinal musculature) findings, imaging findings/other (EMG lower extremities 2009 shows L5-S1 radiculopathy), diagnoses (degenerative disc disease lumbar, lumbar radiculitis, muscle spasm), and treatment to date (physical therapy, medications, epidural steroids, facet blocks, chiropractic care, acupuncture). 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 above have been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, 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 above have been addressed. The documentation in the medical records seems to meet these criteria. Therefore, in my opinion, the request for functional restoration program evaluation is supported as medically necessary.