MAXIMUS Federal Services

Case Number:	CM14-0167127		
Date Assigned:	10/14/2014	Date of Injury:	04/19/2012
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 & 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:

The 39 year old male carpenter worker was injured at work on 19 Apr 2014 while working up and down a ladder. He was diagnosed with Disc Displacement, Lumbosacral neuritis and is status post L4-5 discectomy twice (2102 and 2013). Presently he continues to have 7/10 low back pain radiating into his legs and associated with on/off numbness and tingling. His most recent exam in (Aug 2014) showed normal lumbar spine curvature and normal palpation of the lumbar spine without tenderness. There was full range of motion without pain, sensation to lower extremities revealed hypoesthesia in a L4 distribution on the right. Deep tendon reflexes showed absent knee reflex on the right, +1 on the left and normal ankle reflexes (+2) bilaterally. He walked with a mild limp. Psychiatric exam was normal. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the lower extremities done 25 Jun 2014 suggested mild left and right L5 root irritation but a repeat study on 21 Jul 2014 was normal with no evidence of a lumbosacral neuropathy. Lumbosacral spine xrays (28 Aug 2014) showed asymmetric disc collapse at L4-5 and L5-S1. Lumbar spine MRI (3 Jul 2014) showed previous left laminectomy at L4-5, mild to moderate right L4-5 foraminal stenosis, mild facet degenerative changes at L4-5 and L5-S1, and a broad-based dorsal disc protrusion at L4-5. Treatment has included surgery, ice/heat, physical therapy, nerve stimulation therapy, occupational therapy, epidural steroid injections and medications (Norco and Ibuprofen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) 8-10 Weeks Of Comprehensive Residential: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 92; 299-301,Chronic Pain Treatment Guidelines Part 1, Part 2 Page(s): 7-8, 26, 30-4.

Decision rationale: Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. The patient does meet the requirements for such a program. The request for Functional Restoration Program (FRP) 8-10 Weeks Of Comprehensive Residential is not medically necessary or appropriate.

DETOXIFICATION, ADDICTION CONTROL, MOOD MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 42, 82, 84-8, 94-5, 102-3, 108-9.

Decision rationale: Detoxification is the withdrawing of an individual from a psychoactive substance. This process usually is required when there is intolerant side effects or lack of response from medications that are associated with withdrawal symptoms, when the patient is showing addictive behaviors or has comorbid psychiatric illness. But detoxification is not synonymous with addiction. Addiction is the compulsive use of a psychoactive substance where the individual has loss of control over what they are doing, taking or using. In patients with chronic pain, addiction is usually manifested by an increasing requirement for narcotics, doctor shopping and/or drug seeking behaviors. The MTUS has very specific indicators and predictors of prescription drug addition, none of which this patient displays. The patient tolerates his narcotic medications and the dosing appears to be stable. The records reviewed do not describe a mood disorder or other psychiatric condition. There is no indication to provide detoxification, addiction control or mood management at this time. The request for Detoxification, Addiction Control, Mood Management is not medically necessary.