

Case Number:	CM14-0167402		
Date Assigned:	10/14/2014	Date of Injury:	11/24/2012
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 33-year-old female with a 11/24/12 date of injury. At the time (7/2/14) of request for authorization for 15 Part-Day Trial for functional Restoration Program, there is documentation of subjective (moderate to severe knee and low back pain) and objective (decreased lumbar and left knee range of motion, tenderness over the L5 spinous processes, left patella, left lateral and medial joint lines) findings, current diagnoses (low back pain, left knee, pain, and chronic pain syndrome), and treatment to date (medications, physical therapy, aquatic therapy, trigger point injections, and cognitive behavioral therapy). Medical reports identifies that the patient has undergone functional capacity evaluation which shows significant inability of the patient to function due to chronic pain; the patient is not a surgical candidate; has functional difficulties with home chores, limited standing and sitting tolerances, and inability to return to work; and wants to be able to do things like before and feel stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Part-Day Trial for functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the genera; use of multidisciplinary pain management.

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 low back pain, left knee, pain, and chronic pain syndrome. In addition, given documentation of a functional capacity evaluation, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing; 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. Therefore, based on guidelines and a review of the evidence, the request for 15 Part-Day Trial for functional Restoration Program is medically necessary.