MAXIMUS Federal Services

Case Number:	CM14-0020756		
Date Assigned:	04/30/2014	Date of Injury:	01/16/2009
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 65 year-old with a date of injury of 01/16/09. A progress report associated with the request for services, dated 01-28-14, identified subjective complaints of low back pain radiating into the right leg and bilateral knee pain. She cannot sit, stand, or walk for more than 5 minutes. She requires assistance with bathing, dressing, and grooming. Objective findings included tenderness to palpation of the low back. Sensation was intact. Motor function was diminished bilaterally. Diagnoses included internal derangement of the knee and lumbar sprain/strain with sciatica. Treatment has included transcutaneous electrical therapy and oral opioids, muscle relaxants, and topicals. The record notes that she has had some mal adaptive coping issues where she has become depressed and feels drained of energy. The RFA was not included. A Utilization Review determination was rendered on 02/10/14 recommending non-certification of "Functional Restoration Program and psych consult".

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 49.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that functional restoration programs (FRP) are recommended. However, research is still ongoing as to how to screen for inclusion into these programs. The programs are interdisciplinary with an emphasis on function over elimination of pain. There is evidence that FRPs reduce pain and improve function in patients with low back pain. There is little evidence for biopsychosocial rehabilitation with neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Total treatment duration should generally not exceed 20 full-day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The non-certification was based upon the length of the claimant's disability. The Guidelines place no restriction upon this. However, they do note initial treatment should not exceed 2 weeks without demonstrated efficacy and should generally not exceed 20 sessions overall. The request has no time parameters. An unlimited or unspecified number of treatments is not recommended. Therefore, the record does not document the medical necessity for a functional restoration program. Therefore, the request is not medically necessary.

PSYCH CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 100-101.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended. They are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The non-certification was based upon the psychiatric evaluation being to screen for a functional restoration program. However, that is not specified in the record and it does note some depression and maladaptive behavior. Therefore, the record does document the medical necessity for a psychological evaluation. Therefore, the request is medically necessary.