MAXIMUS Federal Services

Case Number:	CM14-0024448		
Date Assigned:	06/20/2014	Date of Injury:	10/27/2008
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 claimant is a 51 year old male who had a back and right hip injury on 10/27/2008. He had a shoulder injury on 10/12/2009. He has a history of polio as a child and has atrophy of the lower left extremity. He has undergone numerous treatments in the period from Oct 2008 through the present time. These have included epidural steroid injections to both the shoulder and transforaminal in the L5-S1 area, removal of an intra-dural extramedullary schwannoma, rotator cuff repair in 2010, physical therapy, pain medications including opioids, gabapentin, Tramadol and NSAID. He continues to have significant pain in the lower back and although an EMG/NCV study done in 2012 reveals no radiculopathy, he has complained of neuropathic symptoms in lower extremities. He was seen on 5/12/2014 by his primary provider, who is a physiatrist. At this visit, the patient had 7-8/10 pain in the lower back, neck, right shoulder, right elbow and right hip. He was noted to be using an assistive device for ambulation and sat uncomfortably. On examination, he had paraspinal muscle tenderness, tenderness to the posteroir and lateral shoulder along with pain and dysesthesia in the L5-S1 distributions on the right. Straight leg raising was positive on the right. The claimant was noted to have completed 10 days of a functional restoration program. Per the documentation of the FRP weekly report, the claimant appeared to be engaged and was learning about the role of cognitive behavioral approaches along with an understanding of pain. At the time of evaluation, he focused on medications as opposed to a functional emphasis in pain management. No information is provided as to why he would require transportation to and from his appointments. This was requested by his primary treating provider.

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 Program - Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section - chronic pain Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, Topic - Functional restoration programs.

Decision rationale: The claimant has chronic pain that has been long standing and based on an extensive review of documentation available including the QME of 7/24/2013 by [redacted], the claimant has underlying depression and sleep disturbance as well. A thorough evaluation is a requirement per the guidelines for consideration of a chronic pain management program. The claimant is noted to be motivated, but whether this is motivation to change his focus from pain relief to functional restoration is not documented. Quite the contrary, the weekly report submitted from the functional restoration program evaluation reports that he continues to focus on medications for pain relief. The presence of a high level of psychosocial dysfunction prior to initiation of a pain program is an adverse predictor of success, as is a high level of disability. Unfortunately, both these factors are true for this claimant. Further, objective and subjective improvements from the preliminary period of the program of 10 days has not been documented in sufficient detail to justify the continuation of the program.

TRANSPORTATION TO AND FROM PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare - http://www.medicare.gov/LongTermCare/static/CommunityServices.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.medicare.gov/LongTermCare/static/Communityservices.asp.

Decision rationale: A request has been made for transportation to and from the patient's appointments. However, no rationale has been submitted for such a request. Further, the MTUS and ACOEM guidelines do not address transportation. CMS policy suggests, in the reference quoted above, that Medicare only pays for ambulances. Medicaid, in some circumstances, may pay for transportation, if certain income and financial criteria are met. In other instances, patients pay out of pocket for these expenses and the costs associated are reported to be low. The request is not medically necessary.