MAXIMUS Federal Services

Case Number:	CM14-0028176		
Date Assigned:	06/13/2014	Date of Injury:	07/10/2002
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old female who had a work injury dated 7/10/02. The diagnoses include status post lumbar surgery, lumbar scoliosis, currently nonindustrial per patient; low back pain; low back pain strain/sprain; status post multiple cervical surgeries with chronic cervical pain; opiate dependent, deconditioning. The patient is status post cervical fusion C5-6, C6-7, s/p hardware removal , status post cervical neck revision surgery, status post lumbar fusion L5-S1. There is a 3/8/14 document AME that states that states that a functional restoration program may be indicated, as weaning causes the patient to report a significant worsening in her pain complaints and decreased function, necessitating her going back on larger doses of opiate medication to maintain function. There is a 4/15/14 pain management office visit document that states that the patient's VAS score was 8/10. The patient presents for back pain, lumbar disc disease. The patient presents for review of therapy and review of meds. The patient uses Dilaudid 8 mg, Duragesic 100mcg/hour; Transdermal Patch; Neurontin 300mg capsule. Objective findings state General- Normal. The heart and lung exam are unremarkable. The neurological exam states that the patient is alert and oriented x 3. The diagnosis is post laminectomy syndrome. The treatment plan states that opiate taper was discussed and functional restoration program recommended. A 5/1/14 document states that the lumbar spine pain to the bilateral lower extremities is unchanged but now awaiting scoliosis surgery authorization and brace which were denied per AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (X160 HOURS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, FUNCTIONAL RESTORATION PROGRAM (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend treatment in a functional restoration program for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request of 160 hours exceeds this 2 week period. The documentation submitted reveals that the patient has difficulty with home activities of living but is able to work with restrictions. The MTUS Chronic Pain Medical Treatment Guidelines criteria for a chronic pain functional restoration program state that the patient must have a significant loss of ability to function independent from her chronic pain. Additionally, the documentation submitted did not include the baseline functional testing and initial multidisciplinary evaluation for the functional restoration program. The request for a functional restoration program (160 hours) is not medically necessary per the MTUS Chronic Pain Guidelines.