

Case Number:	CM14-0035998		
Date Assigned:	06/23/2014	Date of Injury:	02/24/2004
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on February 24, 2004. According to documentation from a primary treating physician on October 3, 2013 she had pain in the middle of her lower thoracic spine to her sacral region occurring intermittently several times a week. She was taking Duragesic and gabapentin. She was not able to care for herself and her daughter was helping her with ADL's and IADL's. She was interested in a functional restoration program and weaning off of medications. She had 4/5 strength in her lower extremities except left ankle strength was 2-3/5. She had decreased sensation in the left anterior thigh. She was able to stand and walk without difficulty. She was able to flex her back to 30 degrees and extend her spine to 10 degrees. She was slow and guarded in transfers and ambulation. Her diagnoses included lumbago, lumbar disc displacement without myelopathy and lumbar/lumbosacral intervertebral disc displacement. In addition to pain medications, the records indicated she had had back surgery and chiropractic. According to the primary treating physician's progress report dated February 6, 2014, the worker was able to stand and walk without difficulty. Range of motion of her back was 10 flexion and 0 extension. She was slow and guarded in transfers and ambulation due to severe back pain. A functional restoration program was again recommended.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION 9792.20-9792.26 Page(s): 6-7.

Decision rationale: According to the chronic pain treatment guidelines a patient with intractable pain should be considered for evaluation for admission for treatment in a functional restoration multidisciplinary treatment program. However the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. In this particular case the injured worker was not having intractable pain. Her pain was occurring intermittently. Furthermore given the long duration of pain, now approximately 9 years, effectiveness of treatment is unlikely. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. This worker would qualify on that basis if functional restoration is the goal and can be reasonably expected. The guidelines state that for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal specific has been found to be the most effective treatment approach. Although the records state this worker was requiring assistance with ADL's and IADL's, specific functional deficits limiting her ADLs and IADLs were not well documented in the treating physician's documentation. Although it was stated she was slow and guarded in transfers and ambulation, it was also stated she could stand and walk without difficulty. It is not clear what functional deficits were expected to be restored through a functional restoration program and therefore a functional restoration multidisciplinary treatment program cannot be determined to be medically necessary. The physical therapy goals identified as part of a physical therapy evaluation on 11/13/13 including increasing walking, standing and sitting tolerance and increasing lifting and carrying capability could be addressed through physical therapy and a home exercise program and would not require a multidisciplinary treatment program.