MAXIMUS Federal Services

Case Number:	CM14-0036184		
Date Assigned:	06/25/2014	Date of Injury:	09/07/2011
Decision Date:	08/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 Interventional Spine 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 patient is a 55-year-old male with date of injury 9/7/11. The patient injured his lumbar spine working as a machinist lifting a wooden rack with heavy metal rods. The treating physician report dated 2/21/14 indicates that the patient is currently being treated in the HELP outpatient Interdisciplinary Functional Restoration Program. The program initiated on 1/28/14 and 4 of the six authorized weeks have been completed. The patient attends the program Mon-Fri, from 9am-4pm and the report reviewed indicates that the patient is progressing well with treatment. The current diagnoses are lumbar degenerative disc disease (DDD); lumbar myofascial pain; left sacroiliitis; and low back pain. The utilization review report dated 3/13/14 denied the request for Functional Restoration Program four months of HELP remote care and one re-assessment interdisciplinary visit based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program four months of HELP Remote Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49.

Decision rationale: The patient presents with chronic lumbar pain and has been actively participating in a Functional Restoration Program (FRP) at the HELP outpatient center in San Mateo. The current request is for functional restoration program four months of HELP remote care. The utilization review report comments on the treating physician's 2/28/14 report, which was not provided for review. The UR report states that a discussion was made with the requesting physician and the doctor acknowledged an absence of evidenced-based guideline support for the request. The MTUS Guidelines support FRP up to 160 hours. In this case, the patient was authorized for 210 hours and at the time of the report reviewed dated 2/21/14 140 hours had been completed. The treating physician report dated 4/22/14 states, "Since I last saw him, he found the program to be beneficial. He feels more confident in doing his activities and managing his pain. He uses no medications. I encouraged him to remain as active as possible and to continue with his home exercise program." Follow up in six weeks. The request for FRP additional 4 months of HELP remote care is not supported by MTUS. Recommendation is not medically necessary.

One re-assessment interdisciplinary visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49.

Decision rationale: The patient presents with chronic lumbar pain and has been actively participating in a Functional Restoration Program (FRP) at the HELP outpatient center in San Mateo. The current request is for one re-assessment interdisciplinary visit. The patient was authorized for 210 hours of outpatient FRP. The reports provided indicate that the patient did well with the program and completed the program on 3/7/14. The patient was discharged to a home exercise program and was not taking any medications. The MTUS Guidelines support FRP programs when specific criteria are met. Since this patient has completed the FRP program and has improved function, he no longer meets the requirement of being evaluated or treated in an interdisciplinary setting. Recommendation is not medically necessary for re-assessment interdisciplinary visit.