

Case Number:	CM14-0036617		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2012
Decision Date:	12/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of November 21, 2012. A utilization review determination dated March 12, 2014 recommends non-certification of a functional restoration program. A report dated January 18, 2014 identifies low back pain radiating into the lower extremities. The patient has difficulty sitting or standing for extended periods of time. Physical examination findings reveal full strength and lower extremities abnormal reflexes and able to walk without an assistive device. Lumbar range of motion is restricted. The psychological portion of the evaluation indicates that the patient has anxiety and depression the note states that the patient would very much like to improve her functional abilities and pain management skills. The treatment plan includes improving function range of motion of the low back, physical therapy training program, ergonomic training, medical services, sleep patterns, and emphasizing a successful return to gainful employment. Therefore, 160 hours of treatment is recommended. A report dated January 29, 2014 identifies subjective complaints of low back pain which is radiating into the lower extremities. The pain is made worse with cleaning her house, sitting, standing, and lying flat. She continues to use Lidoderm which improves her pain and function. She is using oral medications sparingly. Objective examination findings indicate that the patient emulates to the examination room without assistance. The diagnoses include lumbar disc displacement without myelopathy and sciatica. The treatment plan states that the patient has had an epidural injection, physical therapy, and acupuncture without benefit. She defers surgery. Therefore, a multidisciplinary program is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34; 49.

Decision rationale: Regarding the request for a functional restoration program, the California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing and a lack of clarity whether there are any no treatment options available. Additionally, there is no discussion regarding negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 160 hours of a rehabilitation program therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.