

Case Number:	CM14-0040811		
Date Assigned:	06/27/2014	Date of Injury:	10/26/2010
Decision Date:	12/23/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

There were 372 pages provided for this review. The application for independent medical review was signed on April 7, 2014. It was for a [REDACTED] program for 60 hours. Concerns raised in the records was that there was a gap in the continuity of postoperative treatment there was a results of a lack of continuity of clinical evaluation and direction of postoperative physical rehabilitation services by the surgeon. The worker completed only half of the usual and customary number of treatment sessions and non-certification for additional satisfaction sessions was based upon the absence of documentation of the follow-up assessment by the surgeon. There was evidence of progress regarding range of motion measurements that the patient was continuing to report substantial pain. There was no documentation of pain score levels by the surgeon, physical therapist or the functional restoration program evaluators. There was no documentation of a serious effort to have the worker pursue the remainder of the potential skilled physical therapy sessions or to provide any individual counseling sessions before embarking on a comprehensive interdisciplinary program. Had all criteria been met, only 80 hours would be reasonable under guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence. Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Re

Decision rationale: The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." In this case, it does not appear that basic physical therapy had been exhausted, and the need for multidisciplinary services were essential. The need for a full functional restoration program is not established, and the request was appropriately non-certified.