

Case Number:	CM14-0048811		
Date Assigned:	06/27/2014	Date of Injury:	05/31/2012
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The patient is a 53-year-old female who has submitted a claim for lumbago associated with an industrial injury date of May 31, 2012. Medical records from 2014 were reviewed. The patient complained of chronic low back pain rated 3/10, radiating to the right proximal thigh. Due to the chronic pain, psychosocial sequelae was reported including anxiety, fear-avoidance, depression, and sleep disorders. Physical examination showed an antalgic gait; limitation of motion of the lumbar spine; and decreased light touch sensation over the L5-S1 dermatomes. The diagnoses were lumbar radiculopathy, low back pain, and chronic pain syndrome. According to an AME done on January 29, 2014, the patient is not a surgical candidate. Current pain medications include hydrocodone and naproxen, which helped manage pain. She does not require high doses of opioid medications to control her symptoms. Treatment plan includes a request for functional restoration program. Goals included increasing lumbar flexion from 80 degrees to 90 degrees; extension from 25 degrees to 30 degrees; and lifting up from 20 lbs. to 40 lbs. Treatment to date has included oral and topical analgesics, physical therapy, occupational therapy, TENS, home exercise program, and acupuncture. Utilization review from March 12, 2014 denied the request for 80 hours Functional Restoration Program-initial trial because the patient appeared to have a negative outlook about future employment. She would like to return to work at some capacity, but was not sure how she would be able to do it without increasing her symptoms of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 hours Functional Restoration Program - Initial Trial.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Chronic Pain Programs (Functional Restoration Programs), page(s) 30-32 Page(s): 30-32.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the patient is not a surgical candidate based on the AME done on January 29, 2014. Maximum medical improvement has been achieved and goals were specified. However, there was no evidence of significant loss of ability of the patient to function independently. There was also no evidence that psychosocial issues were addressed based on the medical records provided. The medical necessity has not been established because guideline criteria were not met. The guideline requires that all criteria be met. Therefore, the request for 80 hours Functional Restoration Program - Initial Trial is not medically necessary.