

Case Number:	CM14-0053706		
Date Assigned:	07/07/2014	Date of Injury:	12/24/2004
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 49 year old male who sustaine an injury to his low back on 12/24/2004. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of physical therapy, TENS unit, massage, exercise program, relaxation training and chiropractic treatment; all have improved his condition. Progress report dated 03/18/2014 states the patient presented pain rated as 7/10 at worst and 5/10 at best. He reported his pain is present about 90% of the time. On exam, the lumbar spine revealed restricted range of motion with multiple trigger points throughout. He has an altered gait based on his restrictcons. His reflexes are 2+ and equal. Diagnoses are lumbar disk degeneration and myofascial pain. Prior utilization review dated 04/15/2014 states the request for 1 [REDACTED] interdisciplinary pain rehabilitation for a duration of 90 hours, including up to 2 hours of thrapeutic exercise, 3.5 hours of patient education and 1/2 hour of relation techinques per day is certified with modification to allow for an initial two week trial equaling 80 hours; the remaining 10 hours are not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] interdisciplinary pain rehabilitation for a duration of 90 hours, including up to 2 hours of thrapeutic exercise, 3.5 hours of patient education and 1/2 hour of relation techinques per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May, 2009); Outpatient pain rehabilitation programs; Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs) Page(s): 30-33, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Restoration program.

Decision rationale: As per CA MTUS guidelines, "FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention." In this case, this patient has chronic pain with significant loss of ability to function. The patient had a [REDACTED] interdisciplinary evaluation done on 03/18/2014 and was considered an appropriate candidate for an interdisciplinary pain management program. He is motivated to return to work and return to work goals has been set. He has tried and failed past treatments. Negative predictors of success of this program have been addressed. All of the above indicates that this patient meets the criteria for functional restoration program. However, the guidelines indicate that this "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The request for 1 [REDACTED] interdisciplinary pain rehabilitation for a duration of 90 hours, including up to 2 hours of therapeutic exercise, 3.5 hours of patient education and 1/2 hour of relation techniques per day exceeds the guidelines recommendation of 2-weeks trial period. Thus, the request is non-certified.