

Case Number:	CM14-0058825		
Date Assigned:	07/09/2014	Date of Injury:	11/29/2012
Decision Date:	09/23/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old male with a work injury dated 11/29/12. The diagnoses include mechanical low back pain, discogenic low back pain, and hemorrhoid bleeding due to opiate induced constipation. Under consideration is a request for [REDACTED] with interdisciplinary reassessment. There is a primary treating physician report dated 6/30/14 that states that the patient has bright red blood per rectum when he has bowel movements. Usually has drops of blood after he has bowel movements. He has some mucus streaking of blood on the bowel movement and blood on the tissue when he wipes. His back pain is constant waxing and waning pain. He notes increased pinching pain when he does certain activities. His average pain is 5/10. He no longer has constipation with Amitiza. He still takes Ultram ER, Zanaflex and Baclofen but he doesn't think Baclofen is working. Will have him discontinue the medication. He never received approval for the exercise equipment. He is currently not working. He never received anything from DOR. On exam he is able to transfer from a seated to standing position with some guarding. He ambulates with a guarded posture. His back range of motion reveals a flexion of 50 degrees and extension of 20 degrees. He has good lower extremity range of motion. He has good lower extremity strength. He has tenderness to palpate across the myofascial tissues of his low back as well as the spinous processes of the lumbosacral spine. The treatment plan includes stopping Baclofen. The patient should continue Ultram ER 200mg q HS #30 for pain and functional limitations. He will continue Zanaflex, Amitiza. He has not received his home exercise equipment. Per documentation the patient began a [REDACTED] Functional Restoration Program on 02/ 10/ 14. He was approved for 6 weeks of functional restoration program treatment, of which 5 weeks have been completed. Per documentation in regards to functional goals, he was able to demonstrate improvement in all of the tolerances with

exception of the left hand grip, which continues to be limited at 55 pounds due to chronic range of motion limitation of the left fourth and fifth fingers. His functional goals are increasing tolerance in walking from 20 minutes to 60 minutes and increasing lifting/carrying from 5 pounds to 40 pounds. Per documentation the patient will not be able to return to the [REDACTED] program for several weeks due to family affairs but would like to complete the program later on. There is a request for a [REDACTED] service to have weekly goal setting and goal attainment monitoring to allow the patient to continue making functional progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] care with interdisciplinary reassessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31, 32.

Decision rationale: [REDACTED] care with interdisciplinary reassessment is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The documentation indicates that the patient has made functional progress and completed 5 weeks of the [REDACTED]. At this point he should be well versed in an independent home exercise program and further [REDACTED] care is not medically necessary. The documentation does not indicate extenuating circumstances that would require additional after care. Furthermore, the request as written does not indicate a time limited duration of remote care. The request for [REDACTED] care with interdisciplinary reassessment is not medically necessary and appropriate.