

Case Number:	CM14-0059897		
Date Assigned:	07/09/2014	Date of Injury:	05/16/1989
Decision Date:	08/08/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/30/2014

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 Management 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 5/16/89. A utilization review determination dated 4/12/14 recommends non-certification of an initial evaluation for a functional restoration program. 4/21/14 medical report identifies that the patient has had several forms of treatment including medications, PT, lumbar ESI, SI joint injection, cervical fusion, and IDET. A diagnostic lumbar facet injection on 7/30/13 provided decreased pain for a few hours. Currently, there is low back pain radiating down the lower extremities 10/10 without medications and reduced by 60% with medications. He is frustrated with the chronic pain and does not wish to be dependent on medications for the rest of his life. He has been trying to reduce dosage of medication, especially Norco. He reports depressive symptoms and does have intermittent suicidal ideation, but denies any plan or means. On exam, there is tenderness with reduced ROM, decreased light touch, 3/5 strength with bilateral shoulder raise, upper arm flexion and extension, and grip, decreased sensation bilaterally 4/5 in C4-T1 distributions, 4/5 left hip flexion and leg extension strength, and decreased sensation along the left lateral thigh. The patient has a decrease in function and ADLs, as he can not to any heavy lifting or run for exercise as before, and he must take frequent breaks when walking. Negative predictors of success were also addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial evaluation at the [REDACTED] Functional Restoration Program:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for an initial evaluation for a functional restoration program, California MTUS supports chronic pain programs/functional restoration program evaluations 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 have been addressed. Within the medical information available for review, the previous utilization review non-certified the request as there was significant improvement with medication usage and no evidence of significant functional limitation. The provider subsequently identified that the patient does not want to depend on medication for the rest of his life and significant functional limitations were identified. He also noted that conservative, interventional, and surgical treatments have not been successful overall and no other reasonable treatment options remain. Negative predictors of success have been addressed. As such, it appears that an evaluation is now indicated to determine candidacy for an FRP. In light of the above, the currently requested initial evaluation for a functional restoration program is medically necessary.