

Case Number:	CM14-0061131		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2009
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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:

As of 3/4/14, the patient was evaluated in a follow-up. There was still pain, but it had decreased. The pain is 7-8/10. There was improved tolerance to walking and standing, from less than 10 to 30 minutes. The patient was independent on a home program, and decreased medicines. Medicines were Oxycontin, Norco, Ambien Tizanidine, Gabapentin, Omeprazole, and topical Casaicin. The patient is status post a thoracic spine cervicorachial syndrome, thorcalgia, and lumbar facet syndrome. The note from 1/5/14 indicated the patient had no benefit from therapy. It was noted the patient got caught in between a pallet, and fell forward. The date of the report was December 17, 2013. The program recommended was for 8 weeks. The progress notes started on 1/29/14 and ended on 3/7/14, and included biofeedback, therapy, and acupuncture services. A January 29, 2014 note documented that the patient was in a four week program, and appears to have completed it. This appears to be a request for two more weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines mtus Page(s): 6-7 of 127. Decision based on Non-MTUS Citation American College of Occupational

and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition, page 92.

Decision rationale: The MTUS notes 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. This patient has been off work for some time, and already has had what appears to be a full four week program. It is not clear why the patient would not now be autonomous with self-care, which is the goal of all treatment per the MTUS. The ACOEM notes that functional restoration is to assume or re-assume primary responsibility (locus of control) for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement. Therefore, independent self-management is the long-term goal of all forms of functional restoration. As such, the request is not medically necessary.