

Case Number:	CM14-0064396		
Date Assigned:	07/11/2014	Date of Injury:	11/19/2012
Decision Date:	08/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 & 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 injured worker is a 58-year-old male who reported an injury on 11/19/2012 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 04/18/2014, it was annotated that the injured worker had completed 4 weeks of functional restoration program. The injured worker reported that the program had been significantly beneficial to him and that his pain had decreased and he was feeling better. His pain level status was noted at 5/10. Prior treatments included chiropractic care, physical therapy, and prescribed medications. The injured worker's prescribed medication regimen included Anaprox and Protonix sparingly. It was also noted that the injured worker was given Trazodone 25 mg but had not tried it yet. The physical examination revealed the injured worker to be alert and oriented times 3. It was also noted that the injured worker walked with a slow, nonantalgic gait. The physical exam of the lumbar spine revealed a restricted range of motion in all planes with muscle tension throughout the lower lumbar spine. It was noted that he had full strength in both lower extremities with intact sensation and negative straight leg raise bilaterally. The diagnoses included lumbar spondylosis with right lower extremity radiculopathy; right shoulder impingement with cervical spondylosis; reactive depression, and diabetes, hypertension, sleep apnea, questionable cardiac arrhythmia, which are all non-occupational. The request for authorization for continuation of the [REDACTED] functional restoration program times 4 weeks for the diagnosis of spondylosis, depression, and shoulder impingement was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue [REDACTED] functional restoration program for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program.

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

Decision rationale: The request for Continue [REDACTED] functional restoration program for 4 weeks is not medically necessary. The California MTUS Guidelines state that functional restoration programs are recommended where there is access to programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. Injured workers should also be motivated to improve and return to work and meet the injured worker selection criteria. The criteria for the general use of multidisciplinary pain management programs include: an adequate and thorough evaluation has been made, including baseline functional testing so followup with the same test can note functional improvement; 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 injured worker has a significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted (if the goal of treatment is to prevent or avoid controversial optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); and the injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to affect this change. Total treatment duration should generally not exceed 20 full day sessions (or the equivalent in part day sessions if required by part time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specific 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. In the clinical notes provided for review, it is annotated that the injured worker reported that the functional restoration program was significantly beneficial and that he had decreased pain and was feeling better. However, there is a lack of documentation to warrant the continuation of functional restoration program to include a treatment plan and goals to be achieved. Furthermore, the guidelines do not recommend more than 20 full day sessions. As such, the injured worker has been noted to have completed 4 weeks of functional restoration program with progress. Therefore, the request for Continue [REDACTED] functional restoration program for 4 weeks is not medically necessary.