

Case Number:	CM14-0069676		
Date Assigned:	07/14/2014	Date of Injury:	12/14/2004
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/14/2014

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 injured worker is a 55-year-old female who reported an injury on 12/14/2004. The injury reported was when the injured worker was carrying a 10 pound bucket of coffee beans. The diagnoses included lumbar post-laminectomy syndrome, osteoarthritis of the hip and low back pain. Within the note dated 04/28/2014, it is reported the injured worker, she was physically stronger, exercising more, pacing, activity better. The injured worker reported more acceptances, leaving the house more. The injured worker noted she had better posture, better body mechanics, and a more positive thinking. Upon the physical examination, the provider noted the injured worker demonstrated good motivation. The provider noted the injured worker demonstrated increasingly good motivation in her third week of treatment. The provider noted the injured worker is interacting well with others. The provider requested for additional 2 weeks of functional restoration program, 10 days, 60 hours to be more independent with her pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of Functional Restoration Program, 10 days, 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

Decision rationale: The injured worker reported an unlimited ability to participate in an individualized treatment plan including daily exercises. She reported feeling motivated. The injured worker reported tolerating increased frequency and intensity of lifting and carrying objects compared to the previous week. The California MTUS Guidelines recommend functional restoration programs although research is ongoing as to how to most appropriately screen for inclusions in these programs. The California Guidelines recommend outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met. An adequate and thorough evaluation has been made, including baseline functional testing so follow-up 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. But the injured worker has a significant loss of ability to function independently resulting from chronic pain. The injured worker is not a candidate where surgery or other treatments would be clearly warranted if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided. The injured worker exhibits motivation to change and is willing to forego secondary gains including disability payments to affect this change. A negative predictor of success above has been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is lack of documentation indicating the injured worker had significant loss of ability to function independently resulting from chronic pain. There was lack of an adequate and thorough evaluation. Therefore, the request for an additional 2 weeks of Functional Restoration Program, 10 days, 60 hours is not medically necessary.