

Case Number:	CM14-0073056		
Date Assigned:	07/16/2014	Date of Injury:	08/04/2012
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal 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:

Patient is an injured worker who is status post lumbar fusion. Date of injury was 08-04-2012. Primary treating physician's progress report dated 05-29-2014 documented a history of a low back injury. The patient has epidural steroid injection and physical therapy. Patient is status post lumbar L4-5 fusion performed on 3/8/13. The patient was referred to [REDACTED] who recommended a second spine surgery. The patient consulted a pain management specialist for evaluation for spinal cord stimulator and it was recommended to her. Medications included Nortriptyline, Gabapentin, and Dilaudid. Objective findings included lumbar tenderness, lumbar flexion 30 degrees, right lower extremity normal motor strength, left lower extremity motor weakness, positive left straight leg raise test. Diagnoses were status post lumbar fusion and lumbar radiculopathy. Treatment plan included Nortriptyline, Gabapentin, and Dilaudid. Utilization review determination date was 05-07-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs, Biopsychosocial Page(s): 30-34, 49, 25.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Primary treating physician's progress report dated 05-29-2014 documented that the patient is status post lumbar L4-5 fusion performed on 3/8/13. The patient was referred to [REDACTED] who recommended a second spine surgery. The patient is a candidate for a second spine surgery and a spinal cord stimulator. MTUS criteria requires an absence of treatment options. MTUS criteria requires that the patient be willing to forgo secondary gains, including disability payments. MTUS criteria for FRP are not met. Medical records do not support the medical necessity of a functional restoration programs (FRP). Therefore, the request for Functional Restoration Program is not medically necessary.