

Case Number:	CM14-0073122		
Date Assigned:	07/16/2014	Date of Injury:	03/06/2001
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
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 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:

The injured worker is presented with a date of injury of 3/6/01. A utilization review determination dated 4/23/14 recommends non-certification of functional restoration program. The 7/1/14 medical report identifies pain 7/10 with medication and 8-9/10 without. Patient feels suicidal and was denied all of his pain Rx. The remaining subjective findings are mostly illegible. He is still awaiting HELP program. On exam, SLR is positive bilaterally and what appears to be tightness and spasm upper and lower back. Multiple medications are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program to the help program left hip/ low back: 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 Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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; 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing. Furthermore, the patient is noted to be suicidal and high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability) is noted to be a negative predictor of success for a functional restoration program. Finally, the duration of the proposed program is not identified. Base on the medical records provided for review and the MTUS Guidelines, the request for a functional restoration program to the HELP program (left hip/low back) is not medically necessary and appropriate.