

Case Number:	CM14-0073706		
Date Assigned:	07/16/2014	Date of Injury:	01/11/2000
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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:

According to the available records, this is a 46-year-old woman working as an Aide who was injured on 1/11/00 when she was pulled to ground by a child. She hurt her low back. Diagnosis is lumbago. This is a request for 90 hours in a functional restoration program made on the RFA of 5/8/14 with the date of service of 5/5/14. There has been significant previous medical treatment, including multiple medications, lumbar fusion, spinal cord stimulator trial. She recently underwent a detoxification program and significantly reduced her overall use of fentanyl and Norco. Documents describe that she would like to be able to be a caregiver for her mother and that she is motivated to return to work and actually tried some type of type of volunteer work but was unable to do it because of lack of function. It is documented that there is concern that without learning new coping skills in a Functional Restoration Program that she will escalate the opiate use again. At the time of the original utilization review for this request the patient had not yet participated in the detoxification program and the positive outcomes from that was not known. There was also confusion regarding whether or not she was currently serving as a caregiver for her mother or whether this was a desire to do so. The later documents clarified that the patient was motivated to increase her function and be able to better care for her mother and work as well. It does appear from the documents that all reasonable medical treatment has been provided in that the patient has no other treatment options available. There is description of inability to sit for prolonged periods, she tends to stand and rock for most of the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (hours) QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoration Programs Page(s): 49, 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 30-34.

Decision rationale: This patient has had adequate evaluation prior to entry into the functional restoration program to establish a baseline, there has been no success with previous methods of treating chronic pain, there is an absence of other options likely to improve this patient clinically. There is documentation of significance inability to function independently and she is not a surgical candidate. There has been demonstration of motivation to change and negative predictors of success of been addressed. Problematic is that MTUS guidelines do not recommend treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The 90 hours are more that a 2 week program. Thus, based upon the evidence and the guidelines, this request is not considered to be medically necessary.