

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0074661 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 07/06/2011 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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 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:

The patient is presented with a date of injury of July 6, 2011. A utilization review determination dated April 29, 2014 recommends noncertification of 160 hours of a functional restoration program. A progress reports dated April 28, 2014 indicates that the patient is able to perform all self-care activities, most light housekeeping, some heavy housekeeping, and very few outside home repairs and lawn maintenance. Physical examination reveals normal strength in the patient's lower extremities, normal sensation, mild spinal discomfort upon palpation, full cervical and shoulder range of motion, and a normal gait. The diagnoses include lumbar spondylosis, status post L4-5 laminotomy, and chronic pain syndrome. The note goes on to indicate that the patient was noted to be a good candidate for a functional restoration program within a week intensive program followed by a 12 week continuity phase followed by a 6 week transitional phase program. The patient is permanent and stationary and cannot return to his previous job. The disability limits him to light to moderate work. Report dated February 18, 2014 indicates that the patient has been authorized for a functional restoration program and has been set up for a consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for an 4 week rehabilitation program, California MTUS supports chronic pain programs/functional restoration programs when: 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 above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that the patient has lost the ability to function independently. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 160 hours of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the request for a functional restoration program, 160 hours is not medically necessary and appropriate.