

Case Number:	CM14-0084825		
Date Assigned:	07/21/2014	Date of Injury:	07/08/2004
Decision Date:	08/29/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The patient is a 42 year old male who was injured on 07/08/2004. The mechanism of injury is unknown. Progress report dated 04/21/2014 documented the patient was waiting on films that were taken to determine the next plan of action. There are no subjective complaints given. His exam revealed lumbosacral spine exhibited spasms of the paraspinal muscles with tenderness. Straight leg raise was negative bilaterally. Reflexes were normal. Lumbar AROM revealed flexion to 20/60; extension to 05/25; right lateral flexion to 10/25 on the right and on the left 15/25; and left lateral flexion to 10/25 on the right and 15/25 on the left. The patient was enrolled in functional restoration pain program. His medications included Oxycontin 15 mg and Gabapentin 600 mg and has requested HELP. Prior utilization review dated 04/28/2014 states the patient requested Functional Restoration Pain Program is modified for partial certification for functional restoration program x1 visit for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP, Functional Restoration Pain Program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAM Page(s): 49. Decision based on Non-MTUS
Citation Official Disability Guidelines (ODG): Pain, Functional restoration program.

Decision rationale: According to MTUS guidelines, Criteria for the general use of multidisciplinary pain management programs: 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 (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); (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 above have been addressed. In this case a request is made for a functional restoration program for a 42-year-old male injured on 7/8/04. The patient is status post L5-S1 lumbar fusion and L3-L5 disc replacement on 7/10/12 with chronic pain. Agreed medical examiner (AME) on 2/24/14 suggested a functional restoration program though suitability for participation was questioned due to psychiatric pathology. Further provider input with respect to the patient's candidacy for a functional restoration program was recommended. History and examination findings do not establish a significant loss of ability to function independently. Records do not demonstrate that the patient exhibits motivation to change or willingness to forgo secondary gains. Negative predictors of success, specifically psychiatric pathology, need to be addressed prior to participation in a functional restoration program. Medical necessity is not established.