

Case Number:	CM13-0016722		
Date Assigned:	11/06/2013	Date of Injury:	04/13/1999
Decision Date:	03/26/2015	UR Denial Date:	06/18/2013
Priority:	Standard	Application Received:	08/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a 65 year old female, who sustained an industrial injury on 4/13/1999. The current diagnoses are post laminectomy syndrome and psychogenic pain disorder. Currently, the injured worker complains of low back pain that now radiates up into her upper back and neck. Per notes, she continues to self-catheterize routinely for effective bladder emptying. There were no physical exam findings on the progress report dated 5/10/2013. Current pain management regime includes Nucynta, Morphine Sulfate, Dilaudid, Baclofen, Zanaflex, Gabapentin, and Lidoderm patches. Treatment to date has included medications and surgery. The treating physician is requesting interdisciplinary functional restoration program, which is now under review. A progress report dated March 4, 2013 states that without a trial of functional restoration it will be very difficult to wean or discontinue the use of her medications. A progress report dated May 10, 2013 indicates that an attempt to restart exercise significantly flared up the patient's pain. A progress report dated June 13, 2013 indicates that the patient previously underwent a functional restoration program in 2007. Additionally, it is unclear why outpatient detoxification has not yet been attempted. On 6/18/2013, Utilization Review had non-certified a request for interdisciplinary functional restoration program. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for a functional restoration 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 other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Additionally, if all of the above criteria had been met, a functional restoration program evaluation may be indicated. However, as currently stated, this request does not contain a duration and is therefore open-ended. Guidelines do not support open-ended application of functional restoration programs. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.