MAXIMUS Federal Services

Case Number:	CM14-0130369		
Date Assigned:	08/20/2014	Date of Injury:	10/12/2006
Decision Date:	10/13/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 (IW) is a 56 year old male who sustained an industrial injury on 10-12-2006. Medical records indicate the worker has had several back surgeries since his initial injury and graduated from a functional rehabilitation program (02-22-2013) with resultant weaning off all opioid pain medications, and a decrease his Klonopin use by 75%. The worker was able to do at least 45 minutes of walking and sitting after graduation from the FRP. The medical records indicate his diagnoses include Opioid tolerance, Opioid-induced hyperalgesia, History of alcohol abuse/dependence, Left L5 vs. S1 radiculopathy, Chronic, Chronic pain syndrome, Depression, Anxiety, Myofascial pain syndrome, and axial low back pain. He had a spinal cord stimulator placement and laminectomy on 09-03-2011. His current medications include Klonopin, Cymbalta, Gabapentin, and Lidoderm patches. In the office visit of 05-27-2014, the worker relates that he recently "pulled something" in his back with resultant "excruciating" pain in the back lasting several weeks. As a result of the recent injury, his Clonazepam usage over the month following re-injury increased to 100 tablets, and he used OxyContin for approximately one week after not using it for over a year. His walking tolerance since re-injury has decreased 50% as has his standing tolerance. On exam, the worker is noted to be alert and oriented x3 and in no acute distress. His gait is antalgic with a forward-leaning posture and hyperextension of the knees when walking. There are trigger points noted with twitch response in the low back muscles, the lumbar paraspinal muscles and the gluteus medius muscles. Lumbar range of motion is limited to extension, right lateral rotation is 40 degrees, and left lateral rotation is 50 degrees. The plan is for an additional 25 hours of contact time in the functional restoration

program (FRP). The worker is retired, but open to employment is it was available. According to notes of 06-30-2014, the goal of returning to a FRP is to improve his functionality back to baseline of what he had on past discharge from the FRP, and he would like to be off all opioid medications. A request for authorization was submitted for a Functional Restoration Program x 1 week (25 hours). A utilization review decision (07-14-2014) non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 1 week (25 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention, Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time," and "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." Medical documentation provided did not provide sufficient information to warrant certification of a functional restoration program without evidence of other more conservative therapeutic and pain management modalities being initially trialed. Further, treatment notes do not clearly explain the rationale for certification of this treatment program, especially given the past attendance in the same program. As such, the request for Functional Restoration Program x 1 week is not medically necessary.