MAXIMUS Federal Services

Case Number:	CM14-0189185		
Date Assigned:	11/20/2014	Date of Injury:	01/30/2010
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Interventional Spine 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 31 year old female with an injury date of 01/30/10. The 07/09/14 Progress report states that the patient presents with lower back pain and GI symptomatology. As of 05/14/14 the patient is not working Examination on 08/19/14 reveals tenderness in the lumbar paraspinal muscles with healed incision. The patient diagnoses include: 1. Chronic lower back pain postoperative with MRI showing worsening pathology (date unknown). 2. Anxiety and panic attacks refer to specialist.3. GI complaints per internal medicine. The utilization review being challenged is dated 10/28/14. The rationale is that the patient is awaiting a second opinion from a spinal specialist to determine if she is a surgical candidate. Reports were provided from 05/04/14 to 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49.

Decision rationale: The patient presents with chronic lower back pain and GI symptomology. The treater requests for HELP evaluation. The reports provided do not show the date of the provider's request. The 10/28/14 Utilization review states the request was received 10/22/14; however, the date of the request is not stated and the Request for Authorization is not included. MTUS guidelines pages 30-32 states that functional restoration programs for chronic pain are recommended when there is access to programs with proven successful outcomes. The first criteria of the general use of these programs is, "1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement;" MTUS page 49 recommends Functional restoration programs when there is significant loss of function due to chronic pain and is not a candidate for surgery or other treatments.In this case, the treater does not discuss this request in the reports provided. The reports do show that the patient experiences chronic lower back pain is prescribed aqua therapy, a regimen of medications and has GI complaints due to medication use. The 07/09/14 treatment plan states that the patient is awaiting a second opinion spine evaluation per AME. The 05/14/14 AME recommends, "the examinees have the option to undergo a second opinion with a spinal surgical specialist." The reports do not show the results, if any, of this second opinion or if surgery is planned. Given the patient's long-term disability from chronic pain, the request appears reasonable. There is no evidence that this patient underwent FRP in the past. Therefore the request is medically necessary and appropriate.