

Case Number:	CM14-0190540		
Date Assigned:	11/24/2014	Date of Injury:	09/13/1997
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 38-year-old male with a 9/13/97 date of injury. While transferring a patient, he felt the onset of severe back pain. The patient has undergone seven back surgeries since the injury. The progress report dated 9/3/14 contained an attached medical necessity for an FRP, and all MTUS criteria were met. The patient was seen on 10/20/14 with complaints of persistent, intractable low back pain, severe neuropathic pain, and cauda equine syndrome. Exam findings revealed decreased lumbar range of motion, marked tenderness to palpation of the lumbar paraspinal muscles, and positive SLR test on the left. The patient's diagnosis was status post multiple lumbar surgeries, neuropathic pain, opioid dependence, cauda equina syndrome, chronic low back pain and adjustment disorder with mixed anxiety and depressed mood secondary to chronic pain. Treatment to date: seven back surgeries since the injury, physical therapy, acupuncture, epidural injections, cortisone injections, TENS unit, work restrictions and medications. An adverse determination was received on 10/30/14 given that the "willingness to fore-go secondary gain including disability payments to effect this change" was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restorative program 20 days: Overturned

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 FRP
Page(s): 30-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The progress report dated 9/3/14 indicated that the patient met all MTUS criteria for a FRP. The patient had an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there was an absence of other options likely to result in significant clinical improvement. In addition, the patient had a significant loss of ability to function independently and it prevented him to return to work. Additionally, the patient was highly motivated and expressed high interest to participate in a FRP and was hoping to return to work to receive his income. Lastly, all negative predictors of success have been addressed and there was a reasonable and clear rationale for the necessity for FRP for the patient. Therefore, the request for Functional restorative program 20 days is medically necessary.