

Case Number:	CM14-0190568		
Date Assigned:	11/24/2014	Date of Injury:	09/13/1997
Decision Date:	04/03/2015	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. 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

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 38 year old male, who sustained an industrial injury reported on 9/13/1997. He has reported intractable low back pain. The diagnoses were noted to have included adjustment disorder with mixed anxiety and depressed mood secondary to chronic pain; post-lumbar laminectomy syndrome; lumbar neuritis; chronic low back pain; cauda equina syndrome; chronic Raynaud syndrome; and opioid dependence. Treatments to date have included consultations; diagnostic laboratory and imaging studies; several back surgeries followed by physical therapy; acupuncture treatments; epidural steroid injection therapy; cortisone injection therapy; transcutaneous electrical stimulation unit; home exercise program; rest; request for functional restoration program (7/2014); and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary. An interdisciplinary evaluation summary and treatment plan, dated 9/3/2014, is noted, and includes a recommendation for expedited return-to-work for improvement of function, and decreasing pain hat extended disability. On 10/30/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 9/25/2014, for a six month follow-up functional restoration program visit, due to the lack of documentation of this IW's willingness to forego secondary gain including disability payments to effect this change. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, chronic pain programs, functional restoration programs - outpatient, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six monthly follow up FRP Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, office visitation.

Decision rationale: The patient presents with pain and weakness in his low back and lower extremity. The patient is s/p multiple surgeries including lumbar fusion L5-S1 with removal of hardware and redo fusion. The request is for 6 MONTHLY FOLLOW-UP FRP VISITS. The MTUS guidelines page 49 recommends functional restoration programs (FRP) and indicates it may be considered medically necessary when all criteria are met including 1. Adequate and thorough evaluation has been made 2. Previous methods of treating chronic pain have been unsuccessful 3. Significant loss of ability to function independently resulting from the chronic pain 4. Not a candidate for surgery or other treatments would clearly be 5. The patient exhibits motivation to change 6. Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. ACOEM chapter 12 discusses follow up visits and states that "Patients with potentially work-related neck or upper back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." ACOEM applies to acute situation and for chronic condition, ODG guidelines may be more appropriate. ODG guidelines Pain Chapter, under "office visitation" section states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." For number of automatic approval, under "codes for automated approval," six follow-up office visitations are allowed. In this case, follow-up visits are supported for chronic pain management. The utilization review letter on 10/30/14 contains no information regarding FRP, except the requested FRP 20 hours has been denied, citing "the worker did not meet the criteria for FRP outlined in the CA MTUS guidelines except that his "willingness to forego secondary gain including disability payments to effect this change", is not documented." The reports provided by the treater indicate that the patient has waited for the authorization of FRP. The requested follow-up visits cannot be considered until there is authorization for FRP. The request IS NOT medically necessary.