

Case Number:	CM14-0199158		
Date Assigned:	12/09/2014	Date of Injury:	03/09/2003
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 54 year old female who suffered a work related injury on 03/09/2003. Diagnoses are low back pain and bulging lumbar disc. The injured worker has persistent low back pain. Her pain level is high. A progress note by her primary care physician documents she has a high level of pain in her low back, which extends into her legs. Her activities are limited due to her pain. Physical examination reveals she can forward bend 60 degrees, and hyper-extend 5 degrees, lateral bend 10 degrees and twist 10 degrees. There is negative notch. Seated there is 80 degrees of SLR with motors intact. Her treatment consists of medications, which documents do not control her pain. The treatment request is for Comprehensive Multidisciplinary Assessment for ARM-FRP. A Utilization Review dated 11/18/2014 non-certifies the request for Comprehensive Multidisciplinary Assessment for ARM-FRP. Cited in this decision was California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The guidelines recommend the option of a functional restoration program for patients with conditions that put them at risk of delayed recovery who are motivated to improve and return to work and meet the patient selection criteria outlined. Based on the records reviewed, the negative predictors have not been addressed and a multidisciplinary program evaluation is not currently indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidisciplinary Assessment for APM-FRP Per 10/17/14 Request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of low back pain and bulging lumbar disc. In addition, given documentation that the patient is not able to do house chores and has limitation to activities due to pain, there is documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; 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 is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for comprehensive Multidisciplinary Assessment for APM-FRP Per 10/17/14 is not medically necessary.