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| Case Number: | CM14-0206943 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 09/21/2009 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 59 year old employee with date of injury of 9/21/09. Medical records indicate the patient is undergoing treatment for s/p L4-5 decompress and fusion with post repeat compression and removal of the metal with chronic low back pain; essential hypertension; degenerative disk disease; pulmonary embolus post op; bilateral carpal tunnel left greater than right with ulnar neuritis at Guyon's canal bilaterally and chronic lower extremity swelling from valvular incompetence. Subjective complaints include decreased sensation in median and ulnar distribution of hands; patient is unable to stand for long periods of time due to vascular incompetence. Patient complains of depression and memory loss. His back pain is constant and he reports some urinary incontinence. Objective findings include use of a walker; decreased range of motion of the lumbar spine; swelling in his legs; patient had a pulmonary embolus and chronic lower extremity swelling from valvular incompetence. Upon muscle testing the patient had moderate to severe weakness in all major myotomes of his upper extremities. His bilateral hands had no atrophy. He has tenderness to the lumbar paraspinal musculature and walks with a slow cadence gait. Tinel's sign was absent at the wrists and cubital tunnels bilaterally. He has tried a functional rehab program in the past (no date) but had to stop because his symptoms worsened. He reports his pain as a 6/10. Treatment has consisted of TENS; Coumadin; a psych evaluation has been requested; home exercise; motorized scooter; aqua therapy; Atenolol; Hydrochlorothiazide; Neurontin; Nucynta and Temazepam . He is utilizing a lumbar support and a rollater. He wears bilateral wrist braces. The patient was ordered physical therapy but was unable to complete the program due to pain. The utilization review determination was rendered on 11/20/14 recommending non-certification of a Functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program; Detoxification; Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefits of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for continuation of a functional restoration program. The previous utilization reviewer explained to the treating physician that without documentation of progress while in the program, future sessions could not be authorized. As such, the request for functional restoration program is not medically necessary.