MAXIMUS Federal Services

Case Number:	CM14-0029126		
Date Assigned:	06/20/2014	Date of Injury:	08/11/2005
Decision Date:	03/06/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old injured worker (IW) sustained an injury on the job with a date of injury (DOI) of 08/11/2005. The IW sustained the injury while attempting to replace a foot valve while twisting and straining to remove the valve in a small space. These movements and straining resulted in a complaint of low back pain. The current diagnosis is Post Laminectomy Syndrome-Lumbar. The past diagnosis include Status post L4-5 and L5-S1 lumbar fusion, lumbar disc desiccation at L1-2 and L2-3, lumbar stenosis L3-4, lumbar facet disease, status post failed spinal cord stimulator trial , Low back pain, Low back strain, opioid dependence, anxiety, and deconditioning. On physical exam the IW had forward flexion of the lumbar spine of 45 degrees, extension of 5 degrees, bilateral bending of 20 degrees, and moderate pain on palpation of the left paravertebral musculature and tenderness. The IW uses a cane to walk. A Physical therapy evaluation found decreased range of motion in the lumbar spine, neck and hips with a slight decrease in muscle strength in the upper and lower extremities and a shuffling gait. The psychological evaluation indicated severe depression, severe anxiety, and problems sleeping. Notes from the pain clinic visit on 01/14/2014 state that over life of the claim the IW has been provided conservative care of physical therapy and chiropractic treatment, and invasive procedures including medication management, diagnostic imaging, local anesthetic and steroid studies, electrodiagnostic studies, failed spinal cord stimulator trial, psychological support and on 08/16/2008, a lumbar spine fusion at L4-5 & L5-S1. On 10/20/13 the IW had a motor vehicle accident that aggravated his neck pain. The executive summary report dated 01/14/2014 records the patient complaining of low back and right knee pain that is rated 1-8/10. His medications

include MS Contin 30mg twice daily, Cymbalta 60 mg daily, Norco 10/325 mg four tablets daily, Soma 350mg twice daily and Fortesta 10 mg two pumps per day. Psychological care has included treatment for severe levels of depression and anxiety and moderate to severe pain. The 01/14/2014 comprehensive interdisciplinary evaluation for a functional restoration program recommended treatment at a functional restoration program that would provide subjective and objective measurements of the IW's progress toward the IW's goal of l decreasing or stopping the IW's use of pain medication. The functional restoration program was intended to offer the IW improved coping skills, and physical rehabilitation. A request was made on 01/27/2014 for urgent functional restoration program for 32 days/160 hours. In the Utilization Review (UR) letter dated 02/12/2014, the request for an urgent functional restoration program for 32 days/160 hours date of service 02/06/2014-05/06/2014 was non -approved by the physician advisor. Documents reviewed in this decision included 138 pages of medical and administrative records from 04/05/2012 to 1/27/14. California Medical Treatment Utilization Schedule (CA-MTUS) Low back complaints, Knee complaints, and Chronic Pain Medical Treatment guidelines were used in this determination. The referenced guidelines state that some of the negative predictors of treatment efficacy and completion include higher pretreatment levels of depression, pain and disability as well as duration of pre-referral disability time. The IW showed both high anxiety and significant depression in his evaluations and his date of injury was in 2005. Strategies to address these negative predictors were mentioned. Also treatment is not suggested for longer than two weeks without evidence of demonstrated subjective and objective gains. The request for 160 hours (32 days) of treatment exceeded these recommendations. On 02/28/2014, the IW filed an application for independent medical review of the non-approval of the request for urgent functional restoration program for 32 days/160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent functional restoration program for 32 days/160 hours: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Functional restoration programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Functional restoration program

Decision rationale: Pursuant to the Official Disability Guidelines, a functional restoration program is medically necessary. Functional restoration programs (FRP) are recommended when there is access to programs with proven successful outcomes. The guidelines enumerate the criteria for general use of multidisciplinary pain management programs. The criteria include, but are not limited to, evidence of continued use of prescription pain medications without evidence of improvement in pain or function; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; an adequate and thorough multidisciplinary evaluation has been made; once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems and outcomes; documentation of the injured worker's motivation to change,

willing to change medication regimen; documentation of patient is aware that successful treatment may result in a change in compensation and/or other secondary gains; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are status post L4 - L5 and L5 - S1 lumbar fusion; lumbar disc desiccation at L1 - L2 and L2 - L3; lumbar stenosis L3 - L4; lumbar facet disease; status post failed spinal cord stimulator trial; low back pain; lower back sprain/strain; opiate dependence; anxiety; and conditioning. The documentation contained a detailed, comprehensive summary of the injured workers treatment through January 24 of 2014. The upper left and corner indicated this was a 20 page summary, however, for pages were present. The documentation contained a detailed thorough baseline evaluation. Previous methods of treating chronic pain were unsuccessful and there were no additional options likely to result in a change with significant clinical improvement. The treating physician documented a motivation to change and a willingness to change the medication regimen. Additionally, the documentation indicated a successful change may result in an alteration in compensation and other secondary gains. Consequently, the clinical documentation contained a detailed comprehensive summary meeting the requirements of a functional restoration program and, as a result, the functional restoration program is medically necessary.