MAXIMUS Federal Services

Case Number:	CM15-0106928		
Date Assigned:	06/11/2015	Date of Injury:	11/27/2014
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The 33-year-old male injured worker suffered an industrial injury on 11/27/2014. The diagnoses included headaches, bilateral eye complaints of blurred vision, cervical/lumbar and left shoulder musculoligamentous sprain/strain, lumbago, lumbar spine myospasms, cervical spine disc herniations with cord encroachment, and lumbar disc herniations with cord encroachment. The diagnostics included magnetic resonance imaging of the lumbar spine. The injured worker had been treated with medications and functional restoration therapy. On 4/22/2015the treating provider reported on/off upper back pain rated 6/10 that radiated to the left shoulder. The low back pain was on/off rated 5/10 and decreased with medications. The headaches were frequent to the top and front of the head associated with blurry vision and exposure to light triggered a headache. On exam, there was tenderness to the cervical muscles. The lumbar spine had tenderness with spasms. The left shoulder had tenderness. The treatment plan included continued Functional Restoration Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Therapy 1x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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 regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. MTUS states that, "Long-term evidence suggests that the benefit 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." "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The current request is for functional restoration program continuation 1 time per week for 5 weeks. The medical records provided do not detail how many sessions this patient has already attended, guidelines recommend treatment for no longer than 2 weeks without documentation of subjective and objective gains. The treating physician has not provided documentation of objective or subjective functional improvement with previous sessions. As such, the request for Functional Restoration Therapy 1x5 is not medically necessary at this time.