MAXIMUS Federal Services

Case Number:	CM15-0132137		
Date Assigned:	07/17/2015	Date of Injury:	03/04/2004
Decision Date:	08/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male who sustained an industrial injury on 3-4-04. Diagnoses are chronic lumbosacral musculoligamentous sprain-strain syndrome, status post lumbar laminectomy, status post multiple surgical procedures; right shoulder including rotator cuff repair, status post right knee arthroscopy with partial medial and lateral menisectomy, chronic anterior knee pain syndrome-right knee, chronic anterior knee pain syndrome-left knee, and chronic pain syndrome. In a report dated 2-3-15, it is noted that the injured worker was referred for a multidisciplinary-biophysical assessment to determine the appropriate course of action in light of his chronic pain and delayed recovery. He sustained injuries to his lumbar, bilateral knees and right shoulder. The pain is rated out of 10 and is reported as headache rated at 4, neck and shoulders at 5, chest at 6, middle back at 7, lower back at 7, genital area at 6, and legs and feet at 7. Since the onset of injury, he reports receiving the following treatments; surgery, physical therapy, chiropractic treatment, acupuncture, psychological treatment, injections, electrical stimulation unit, and medications. He reports significantly decreased physical functioning, social activity, recreational engagement, and inability to work due to pain exacerbation as well as loss of functionality to be with his kids. He scored high on the somatic complaints scale at 60. He scored moderately high on the pain scale at 58. He scored extremely high on the functional complaints scale at 72. Depression scored as very high and anxiety scored as extremely high. Medications are Vicodin, Lyrica, Lisinopril, Relafen, Lexapro, and Trazadone. Work status is noted as permanently disabled. At least 20 days of a multidisciplinary

pain rehabilitation program has been completed. The requested treatment is continuation of a multidisciplinary pain rehabilitation program for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of Multidisciplinary Pain Rehab Program x 10 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34 and 49.

Decision rationale: Regarding the request for a functional restoration program, California MTUS cites that total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Within the medical information available for review, at least 20 sessions have been completed and there is no clear rationale for the proposed extension rather than progression to an independent home program utilizing the skills learned during the FRP. In light of the above issues, the currently requested functional restoration program is not medically necessary.