

Case Number:	CM15-0133876		
Date Assigned:	07/22/2015	Date of Injury:	04/24/2010
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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 injured worker is a 39 year old female, who sustained an industrial injury on April 24, 2010. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having myofascial pain, lumbar degenerative disc disease (DDD), depression and anxiety. Treatment to date has included medication. A progress note dated June 25, 2015 provides the injured worker complains of whole body pain rated 5/10 with medication and 10/10 without medication. She reports sleep disturbance and back spasm. Physical exam notes lumbar decreased painful range of motion (ROM). The plan includes medication, home exercise program (HEP), follow-up, weight loss and functional restoration program evaluation.

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 Chronic Pain Treatment Guidelines Multidisciplinary pain programs Page(s): 31-32.

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. The current request is for a functional restoration program evaluation. The treating physician has not provided documentation of failed surgical attempts or information detailing this patient is not a surgical candidate. However, the treating physician does not adequately document a significant loss of ability to function due to chronic pain. Subjective pain is documented, but medical records do not detail what abilities are lost specifically due to pain. Additionally, the treating physician has not provided documentation of the conservative therapies that have failed. As such, the request for Functional restoration program is not medically necessary at this time.