

Case Number:	CM15-0182414		
Date Assigned:	09/23/2015	Date of Injury:	12/06/1994
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Family Practice

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 51 year old male, who sustained an industrial injury on 12-06-1994. He has reported injury to the abdomen. The injured worker has been treated for chronic pain syndrome; bilateral inguinal hernia with status post surgery times seven (7); and opioid chronic pain syndrome. Treatments have included medications, diagnostics, activity restrictions, injections, physical therapy, and surgical intervention. Medications have included Oxycodone, OxyContin, Lyrica, Cymbalta, and Ambien. A progress report from the treating physician, dated 08-19-2015, documented an evaluation with the injured worker. The injured worker reported that because of the bilateral inguinal hernia, he underwent treatment including physical therapy, cortisone injection, as well as surgery times surgery, without much help; he used large quantity of opioid narcotic pain medication; besides all those medications, he still has pain and discomfort in the bilateral inguinal area; and he did have a recent initial evaluation for functional restoration program. Objective findings included he is alert and oriented; he has had inguinal repair both inguinal areas; he was seen for initial functional restoration program evaluation; he "saw myself, psychology, as well as physical therapy, and had initial comprehensive evaluation"; he "is a good candidate for functional restoration program; in lieu that he has already tried numerous treatments including therapy, injection, and surgery multiple times, and unfortunately has chronic pain which has not improved, so he has been using large quantity of pain medication"; and "he has told me that he still has a lot of pain and discomfort, so we will try to help him to help better cope and manage his chronic pain condition". The treatment plan has included the request for functional restoration program for six weeks for the abdomen; and 8 sessions of

aftercare 1x week x 8 weeks. The original utilization review, dated 09-09-2015, non-certified a request for functional restoration program for six weeks for the abdomen; and 8 sessions of aftercare 1x week x 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for six weeks for the abdomen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, opioids.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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 injured worker is on MED 600 and per the MTUS guidelines, pain may be improved with weaning of opioids. In this case, while it is appreciated that the injured worker is on high dosage of opiates, the medical records do not establish that weaning and teaching the patient pain coping mechanisms can not be achieved on an outpatient basis. The request for Functional Restoration Program for six weeks for the abdomen is not medically necessary and appropriate.

8 sessions of Aftercare 1x week x 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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 injured worker has not been deemed an appropriate candidate for a functional restoration program. Therefore, the request for 8 sessions of Aftercare 1x week x 8 weeks is not medically necessary and appropriate.