

Case Number:	CM15-0193377		
Date Assigned:	10/07/2015	Date of Injury:	05/28/2007
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on 5-28-2007. The injured worker is being treated for chronic pain syndrome, lumbar disc displacement, lumbar disc degeneration and status post 3 level lumbar disc replacement. Treatment to date has included surgical intervention, medications, diagnostics, physical therapy (100+ sessions), trigger point injections, epidural steroid injections and acupuncture. Per the Comprehensive Multidisciplinary Pain Management Evaluation dated 8-31-2015, the injured worker reported low back pain, neck pain with numbness and hot ice pick feeling as well as trouble sleeping. Objective findings included tenderness to palpation of the right and left occiput and upper cervical facets. There was moderate spasm in the bilateral trapezius muscles right greater than left. There was tenderness throughout the entire lumbosacral region with mild spasm in the bilateral thoracolumbar paravertebral region. He has an antalgic gait. Per the LBDI (low back disability index) and CSDI (cervical spine index) he was mild to moderate disability. The notes from the provider do not document efficacy of the prescribed medications. He is working full time. Current medications include Norco, MS Contin, Lyrica, Duexis and Ambien. The plan of care included a 10 day trial of a functional restoration program. Authorization was requested for 10 days-50 hours of functional restoration program. On 9-21-2015, Utilization Review non-certified the request for 10 days-50 hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 10 days/50 hours: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, Chronic Pain programs (functional restoration programs), pages 30-32, is recommended when patients have conditions that put them at risk for delayed recovery. In addition criteria includes "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." Criteria for the general use of multidisciplinary pain management programs: 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. In this case the submitted documentation does not indicate that the claimant has a significant loss of ability to function independently resulting from chronic pain (he is working full time). Therefore, the guidelines for this request have not been met and the determination is for non-certification.