MAXIMUS Federal Services

Case Number:	CM15-0208634		
Date Assigned:	10/27/2015	Date of Injury:	08/31/2004
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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

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 was a 64 year old female, who sustained an industrial injury, August 31, 2004.The injured worker was undergoing treatment for hepatitis C, depression, anxiety, low back pain, chronic pain and degenerative lumbar disease. According to progress note of October 1, 2015, the injured worker's chief complaint was low back pain rated at 7-8 out of 10. The pain was constant aching, dull pain, not stabbing or shooting and this happens mainly after sitting in a chair. While sitting there was no pain, but when the injured worker gets up there was excruciating low back pain and stiffness. The pain was mainly across the back on both sides and the middle. The injured worker denied being depressed, but did feel bad about the pain. There was no documentation of objective findings at this visit. The injured worker previously received the following treatments psychiatric services, Tramadol, Flexeril and 12 physical therapy visits, which helped with core strengthening. The RFA (request for authorization) dated October 1, 2015; the following treatments were requested a 20 day individualized and integrated functional restoration program using biopsychosocial approach as an outpatient basis. The UR (utilization review board) denied certification on October 16, 2015; for an integrated functional restoration program using the biopsychosocial approach on an outpatient basis Tuesday through Thursday 10am-4pm and 6 monthly follow-up appointments at Summit Pain Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 day individualized and integrated functional restoration program using biopsychosocial approach on an outpatient basis, Tues-Thurs, 10am-4pm: Upheld

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

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

Decision rationale: The patient was injured on 08/31/04 and presents with low back pain. The request is for a 20 day individualized and integrated functional restoration program using biopsychosocial approach on an outpatient basis, Tues-Thurs, 10 am-4 pm. The utilization review denial letter did not provide a rationale. The RFA is dated 10/01/15 and the patient is working part-time. MTUS Guidelines, Functional Restoration Program Section, page 49 indicates that functional restoration programs may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is diagnosed hepatitis C, depression, anxiety, low back pain, chronic pain and degenerative lumbar disease. Treatment to date includes psychiatric services, Tramadol, Flexeril and 12 physical therapy visits, which helped with core strengthening. The 06/19/15 treatment report states that the patient "expressed significant interest in the program" for the functional restoration program and the patient had an evaluation on 10/01/15. However, in this case, the requested 20-day FRP exceeds the 80 hours or 2 week course recommended by MTUS Guidelines. Therefore, the request is not medically necessary.

6 monthly follow up appointments: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The patient was injured on 08/31/04 and presents with low back pain. The request is for 6 monthly follow up appointments. The utilization review denial letter did not provide a rationale. The RFA is dated 10/01/15 and the patient is working. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating in the workers compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement

does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The patient is diagnosed hepatitis C, depression, anxiety, low back pain, chronic pain and degenerative lumbar disease. It appears that the treating physician is requesting a follow- up visit to monitor this patient's lower back pain. The reason for the request is not provided and there is no discussion provided regarding why the patient needs 6 monthly follow-up visits. However, given the patient's chronic pain, MTUS supports regular visitations to report on the patient's progress. The request is medically necessary.