MAXIMUS Federal Services

Case Number:	CM15-0028641		
Date Assigned:	02/20/2015	Date of Injury:	02/08/1979
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 2/8/1979. She reports carrying a heavy object and injuring her lower back. Diagnoses include post-laminectomy-failed, lumbosacral degeneration, sciatica, sacroiliitis, lumbago, spinal stenosis and limb pain. Treatments to date include multiple spine surgeries, lumbar epidural steroid injections, facet injections, medial branch blocks, radiofrequency ablation, massage therapy, TENS (transcutaneous electrical nerve stimulation), aquatic therapy, psychotherapy, physical therapy and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported low back pain that radiated to the left leg. On 1/30/2015, Utilization Review non-certified the request for a Pain Management functional restoration program, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Asciepius Pain Management Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section; Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34 of 127.

Decision rationale: MTUS criteria for admission to a functional restoration program include:(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 extreme chronicity of symptoms would be consider a negative predictor of success; however, this does not appear to represent an absolute contraindication to participation in a functional restoration program. MTUS states: "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." Per request, proposed treatment is to consist of 2 hour sessions per day, equivalent to the 160 hours recommended by MTUS. Frequency of sessions is unclear based upon request. Treatment is noted to be broken down into: 8 weeks intensive phase, then 12 weeks continuity phase, then 6 weeks transitional phase (26 weeks). MTUS does not recommend treatment beyond 2 weeks (equivalent to 80 hours) without documented subjective and objective gains. Since there is no documented evidence of subjective or functional response following a trial of limited functional restoration program sessions, medical necessity is not established per MTUS criteria for the requested 160 hours of treatment.