

Case Number:	CM15-0032000		
Date Assigned:	02/25/2015	Date of Injury:	01/22/2004
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, 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 73 year old female, who sustained an industrial injury on 01/22/2004. She has reported low back pain. The diagnoses have included chronic pain syndrome; shoulder joint pain; headaches; lumbar post laminectomy syndrome; and lumbosacral neuritis. Treatment to date has included medications, Functional Restoration Program, home exercise, and surgical intervention. Medications have included Norco, Cymbalta, Lyrica, and Ambien. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in her lower back, overall doing much better since completing the functional restoration program; pain in the lumbar spine, right hip, and right leg are rated at 6/10 on the visual analog scale; and pain in the head, neck and left shoulder/arm are rated 4-5/10. Objective findings included tenderness in the left anterior shoulder; tenderness to palpation of the lumbar spine; straight-leg-raise is positive on the right; and gait is antalgic. The treatment plan has included request for 8 Transitional Step down Program (5 Hours per Session/1 Time A Week for 8 Weeks).The patient's surgical history include lumbar laminectomy in 2006 and 2005The patient has had MRI of the low back that revealed disc bulging. The past medical history include anxiety, stress and depression

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Transitional Step Down Program (5 Hours Per Session/1 Time A Week for 8 Weeks):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009)Page 30-32Chronic pain programs (functional restoration programs).

Decision rationale: Request: 8 Transitional Step Down Program (5 Hours Per Session/1 Time A Week for 8 Weeks). According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. In addition per the cited guidelines 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; (6) Negative predictors of success above have been addressed. The criteria for chronic pain management program have not been met as per the records provided. She has completed a Functional Restoration Program for this injury there was no evidence of significant ongoing progressive functional improvement from the previous functional restoration program sessions/ chronic pain program sessions that is documented in the records provided. The detailed notes chronic pain program/ functional restoration program sessions documenting significant progressive functional improvement were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. In addition, per ODG, The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain. She has had depressive disorder. The patient has an increased duration of pre-referral disability time more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. The medical necessity of the request for 8 Transitional Step Down Program (5 Hours Per Session/1 Time A Week for 8 Weeks) is not fully established for this patient.

