MAXIMUS Federal Services

Case Number:	CM15-0042355		
Date Assigned:	03/12/2015	Date of Injury:	07/30/2007
Decision Date:	05/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old male, who sustained an industrial injury on July 30, 2007. He reported neck, left knee, right shoulder, upper extremity, lower extremity and mid and low back pain. The injured worker was diagnosed as having lumbosacral disc degeneration, chronic pain syndrome; lumbar spinal stenosis, obesity and status post multiple surgical interventions. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left knee, right shoulder and cervical spine, bilateral carpal tunnel releases, hernia surgery, conservative therapies, medications and work restrictions. There is an 11/3/13 document from the patient's participation in week 3 of a functional restoration program. The patient has been able to decrease MS Contin, decrease Naprosyn, and discontinue Ambien. He was a motivated participant in the FRP program; demonstrated implementation of psychological program tools; and made progress with improved ability to wash his hair using each upper extremity independently and improve his exercise tolerance and improvement is sleep routines. There is no FRP progress reports after week 3 submitted. The injured worker complains of neck, left knee, right shoulder, upper extremity, lower extremity and mid and low back pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain and with participation in a functional restoration program. The FRP Team Conference report Week 3 states that the accepted body parts were low back neck, right shoulder, right wrist and left knee (unconfirmed.) This review is for 8 Transitional Step-Down Program sessions that were requested.

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 sessions (1 five-hour session every 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Criteria for the general use of multidisciplinary pain management programs Page(s): 7 and 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Chronic pain programs (functional restoration programs).

Decision rationale: 8 Transitional Step-Down Program sessions (1 five-hour session every 6 weeks) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that post-treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse. Independent self-management is the long-term goal of all forms of functional restoration. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The documentation submitted does not indicate extenuating factors that would necessitate an additional 40 hours of a step down program. The patient does not have a prior history of substance abuse issues in the documentation submitted. The request for 8 more transitional step down program sessions is not medically necessary.