

Case Number:	CM15-0045913		
Date Assigned:	03/18/2015	Date of Injury:	10/11/2012
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male, with a reported date of injury of 10/11/2012. The diagnoses include low back pain, lumbar radiculopathy, neck pain, and chronic pain syndrome. Treatments to date have included oral medications, transcutaneous electrical nerve stimulation (TENS) unit, a L4-5 and L5-S1 lumbar epidural steroid injection, an MRI of the lumbar spine, an MIR of the cervical spine, electrodiagnostic studies of the bilateral lower extremities, physical therapy, chiropractic treatment, acupuncture, low back brace, a home exercise program, laboratory testing, and topical pain medications. The multidisciplinary initial evaluation report dated 02/19/2015 indicates that the injured worker continued to have neck, low back, and left shoulder pain. He rated the pain 7 out of 10. The pain radiated from the neck into the left shoulder and into the left upper extremity; and from the right low back into the right lower extremity with numbness and tingling. The injured worker reported difficulties performing his household chores. The objective findings include decreased range of motion of the lumbar and cervical spines. It was noted, that through participation in a functional restoration program, the treating provider hoped that the injured worker would be able to improve his coping ability, increase knowledge regarding the self-management of pain and its psychological comorbidities, so that he would be able to fully engage in gainful employment, his community, family and the world more generally. The treating physician requested an initial trial of a functional restoration program for 64 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (Initial Trial) 64 Hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "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." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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, (there are many of these outlined by the MTUS)." Review of the submitted documentation indicates that the UR physician's denial was based on a rationale that there was a need to document extenuating circumstances to justify the use of a half-day schedule. In the appeal letter written 3/5/15, it notes the commuting time satisfies the extenuating circumstances. The request is medically necessary.