

Case Number:	CM15-0058265		
Date Assigned:	04/17/2015	Date of Injury:	03/19/2012
Decision Date:	05/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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, Florida, California

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 47-year-old female, who sustained an industrial injury on 3/19/12. She reported right knee pain, neck pain, and right shoulder pain. The injured worker was diagnosed as having lumbar degenerative disc disease associated with chronic low back pain and radiculopathy, left S1 lumbar radiculopathy, left knee sprain, cervicgia, and mood adjustment disorder. Treatment to date has included physical therapy, aquatic therapy, electrical stimulation, a home exercise program, chiropractic treatment, and a functional restoration program. A MRI performed on 7/23/13 was noted to have revealed a right sided disc protrusion at L5-S1. A lower extremity electromyography study revealed left S1 radiculopathy. Currently, the injured worker complains of neck pain, low back pain, and left knee pain. The treating physician requested authorization for a [REDACTED] functional restoration program x 113.5 hours and 30 days of transportation to the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 113.5 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 7 of 127.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence. Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references]. The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. This claimant had an injury about 3 years ago. Such programs are less effective past two years, as the odds of useful recovery diminish after two years. The motivational aspect on the claimant's part is not examined in these records. Also, there is a disc protrusion alleged at L5-S1, and the surgical plans are not clear, and should be explored before moving on to palliative, tertiary care programs. Further, just 10 day trials are supported, not the approximately 15 days requested here. This request IS NOT medically necessary.

Transportation to Functional Restoration Program x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation and California Labor Code 4600(a) and Other Medical Treatment Guidelines Labor Code 4600(a).

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The only guidance on this matter of transportation is in ODG, which notes: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) First, it is not clear that the patient's impairment reaches a level of disability, and that other arrangements are not possible. Also, how one gets to appointments is not a medical treatment under California guidelines is not medical care. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Moreover, as the program itself was again non-

certified in this IMR, the request for transportation to such a program would also be unnecessary. The request was appropriately non-certified. The request IS NOT medically necessary.