

Case Number:	CM15-0062164		
Date Assigned:	04/08/2015	Date of Injury:	10/19/2012
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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 45 year old male, who sustained an industrial injury on 10/19/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc displacement, psychogenic pain and lower leg pain-status post bilateral knee surgery in 2013. Lumbar magnetic resonance imaging showed lumbar 5-sacral 1 disc protrusion. Treatment to date has included knee surgery, physical therapy, functional restoration program and medication management. In a progress note dated 2/26/2015, the injured worker complains of low back pain and lower leg pain. The treating physician is requesting 6 sessions of a functional restoration aftercare program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program x6 sessions: Upheld

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

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 based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach.

Decision rationale: Per the records reviewed, the claimant had 148 hours of the program. There were some gains, but he was still irritable. The intent of the program aftercare is to help with his self-direction. 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. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated: Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days. The intent of the continuance is for irritability management, but this could be addressed without a full multidisciplinary program. The request is appropriately non-certified.