

Case Number:	CM15-0086737		
Date Assigned:	05/11/2015	Date of Injury:	11/09/1995
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 57 year old male who sustained an industrial injury on 11/09/1995. He reported chronic pain. The injured worker was diagnosed as having chronic pain. Treatment to date has included anterior cervical discectomy and fusion in 1999 and repeated in 2003 and 2005 that initially giving 50 % improvement with efficacy decreasing to 30% improvement over time. He still has greater than 30% improvement in radicular pain in his legs. The worker is noting cramps in his lower extremities at night and hoping to replace cyclobenzaprine with another medication. His diagnoses include Cervical disc with radiculitis, lumbar disc with radiculitis, degeneration of cervical disc, degeneration of lumbar disc, neck pain, low back pain, and shoulder pain. Currently, the injured worker complains of ongoing concern about chronic pain. His pending functional rehabilitation program is to start on 04/10/2015. According to the notes of 03/16/2015, The Functional Restoration Program is intended to form specific treatment goals and help deal with chronic pain and anxiety. The Functional Restoration Program x10 additional days (80 hours) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x10 additional days (80 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program x10 additional days, California MTUS supports chronic pain programs/functional restoration programs when: there is access to programs with proven successful outcomes; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no submitted evidence that the current program has proven successful outcomes, and no statement indicating that there are no other treatment options available. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There are no documented subjective and objective gains in all the areas of the functional restoration program. In the absence of clarity regarding the above issues, the currently requested functional restoration program x10 additional days is not medically necessary.