

Case Number:	CM13-0032560		
Date Assigned:	12/11/2013	Date of Injury:	06/15/2011
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male, 06/15/2011 date of injury. Request for [REDACTED] 6 hours a day 5 days a week for 2 weeks was denied by utilization review letter dated 09/24/2013. The rationale was that the Multidisciplinary Update reveals 75% reduction of the initial symptoms of anxiety and depression, better to be able to cope and manage with chronic pain. Reviewer felt that the patient should be considered for transition to a less intense treatment approach as Guidelines indicate total treatment duration should generally not exceed 20-full-day sessions unless extenuating circumstances are noticed to substantiate extension of care. This patient presents with chronic and low back pain with radiculopathy with history of spinal decompressions multilevel. Symptoms are mostly located in low back with radiation down the right lower extremity. The patient has had lumbar epidural steroid injection 03/26/2013 without much benefit. 04/23/2013 report by [REDACTED] has the patient feeling frustration with chronic pain, admitting to having depressive symptoms, would like to consider further surgeries or spinal cord stimulation. Recommendation was for multidisciplinary program to reduce dependency on medications and to treat current depressive symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **six (6) hours a day five (5) days a week for two (2) weeks: Upheld**

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): S 137, 137.

Decision rationale: This patient presents with chronic low back pain, right lower extremity pain with postlaminectomy syndrome having had decompression surgery at multiple levels. Patient has failed all conservative treatments including epidural steroid injections and other treatments. The patient was reported to have persistent low back pain with frustration, depression. ■■■ ■■■■ recommended Functional Restoration Program on 04/23/2013. Review of the reports showed that the patient commenced Functional Restoration Program on 08/15/2013. The first week, patient reported high motivation to improve overall symptoms, has been compliant, wants to decrease pain medication reliance. After a completion of first 5 days, the patient showed evidence of active participation and benefit, able to participate, showed improved mood and mental status, sitting tolerance up to 20 minutes. Progress Report, progress week 2 showed 35% reduction in initial symptoms of anxiety and depression, improvement in mood and mental status, better able to engage in ADLs, self-care, sitting tolerance of up to 35 minutes, and additional 20 days of Functional Restoration was requested. At 15 days, 50% reduction of symptoms of anxiety and depression. At the end of week 3, holding steady with bilateral upper extremity range of motion and strength. Week 4, accomplishments include holding steady at all range of motion, improved right lower extremity plantar flexor to 4/5, improved in squat and lunge 100%. After 20 days of completion, 55% to 60% reduction of symptoms of anxiety and depression. Request was for final 20 days of Functional Restoration Program. Week 5, progress shows ability to lift 46.5 pounds from floor to waist and from waist to shoulder independently using positional traction over to ball to manage his symptoms in the low back and legs. Report by ■■■■ 09/12/2013 shows that he continues making gains in therapy and continues to try decrease his medication usage. After completion of 25 days, 75% reduction in symptoms of anxiety and depression, sitting tolerance up to 45 minutes, developing a return to workforce plan. 11/05/2013 shows the patient was flared up secondary to traveling, but this has resolved, continuing with home exercise program, coping mechanisms learned through Functional Restoration Program. Norco is utilized on as needed basis. MTUS Guidelines allow for multidisciplinary pain management or Functional Restoration Program. Review of the reports shows that this patient has completed 5 weeks or 25 days of Functional Restoration Program. The request is for additional 2 weeks. However, MTUS Guideline states, "Total treatment duration should generally not exceed 20-full day sessions." 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 and disability and other known ri