

Case Number:	CM14-0140459		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2013
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 40 year old female with an injury date of 03/01/13. The 05/13/14 report by [REDACTED] states the patient presents for a follow up visit for lower back pain that is most prominent in the lower lumbar spine and in the upper left and upper right sacroiliac area. Pain radiates to the thoracic region and is described by the patient as constant, moderate, aching and tension of muscles. Examination reveals exaggerated lumbar lordosis and pain on palpation over the left and right thoracic paraspinal muscles, and spasm of the left and right thoracic paraspinal muscles. The patient's diagnoses include: 1. Low back pain 2. Thoracic strain 3. Radiculitis due to rupture of cervical disc. The patient is noted to be taking Relafen and Tylenol on 05/13/14. On 03/14/14 medications were listed as Flexeril, Ibuprofen, Metaxalone, and Tramadol. The treater requests for an additional 15 hours in [REDACTED] program. The utilization review being challenged is dated 07/25/14. The rationale is that treatment is not recommended for longer than 2 weeks without evidence of compliance and efficacy. As of 07/18/14 the patient was doing well, hydrocodone had been discontinued and the patient was working part time and had completed only 90 of 125 certified hours. Treatment reports were provided 09/18/13 to 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 15 hours in [REDACTED] program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs);Chronic pain programs (functional restoration programs);F.

Decision rationale: The patient presents with lower back pain radiating to the thoracic region. The treater requests for an additional 15 hours in [REDACTED] Program. (A Spanish speaking functional rehabilitation program.) . MTUS guidelines pages 30-33 states the following regarding functional restoration programs, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. " MTUS page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. On 03/14/14 [REDACTED] recommended the patient enter a [REDACTED] functional restoration program. On 07/14/14 [REDACTED] stated the patient is currently being treated in a [REDACTED] outpatient program that started 06/23/14 and to date had completed 90 hours of an authorized 125 hours. On 07/28/14 (post utilization review) the treater states the patient completed the last two days of authorized treatment; however, an additional two days (15 hours) were denied although they had been initially authorized. On 07/28/14 (post utilization review) the treater states the patient improved pains skills components from the psychological aspect and had not fully reached her physical goal due to lack of program authorization. The treater states on 07/14/14 that the patient does well in the program, was able to discontinue use of hydrocodone and uses solely ibuprofen and plans to look for full time employment upon finishing treatment. The 07/28/14 report (post utilization review) states she increased most of her functional tolerances due to increased pain which are to increase walking from 15 to 50 minutes and increase lifting and carrying from 12 to 30 pounds. MTUS page 49 states, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Reports provided show that the patient increased walking time from 15 to 35 minutes and lifting carrying weight from 12 to 25 pounds from 06/27/14 to 07/18/14. Subjective and objective gains have been documented as required. Recommendation is for authorization.