MAXIMUS Federal Services

Case Number:	CM14-0141518		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2014
Decision Date:	10/31/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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 application for independent medical review was signed on August 28, 2014. It was for 20 days of a functional restoration program. There was an August 7, 2014 request. The patient had a paramedian disc bulge with shoulder pain and headaches. The patient was felt to be a good candidate for a functional restoration program to facilitate support and progress of the treatment course with the goal to return the patient to a higher level of function. The previous reviewer noted that treatment guidelines suggest that the program duration is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective games. A partial certification of 10 days was recommended. There was a psychological assessment for the program. It was at the [redacted]. She worked as a radiology assistant at the time of her injury. On January 8, 2014 she was assisting a patient into a wheelchair when she injured her back. She initially had minimal pain, but about an hour later she started to have significant low back pain. She went to occupational medicine and was given a nonsteroidal anti-inflammatory and muscle relaxer. She was also put on modified duty and recently stopped working altogether due to back spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration x 20 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127. Decision based on Non-MTUS Citation 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 Re

Decision rationale: 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." Generally, 10 days are suggested under the ODG as a trial to insure the patient is compliant, with perfect attendance, and has objective, functional benefits. A 20 session program to start would not be supported. Therefore, the request was appropriately non-certified.