

Case Number:	CM14-0176665		
Date Assigned:	10/29/2014	Date of Injury:	10/18/2010
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 67-year-old man who sustained a work-related injury on October 18, 2010. Subsequently, he developed chronic back pain, right shoulder and knee pain. According to progress report dated October 2, 2014, the patient was ambulating with a walker and his pain was treated with Norco, however the urine drug screen performed on March 2014 demonstrated negative urine drug screen. The provider requested authorization for functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 31-33.

Decision rationale: Chronic Pain Medical Treatment Guidelines were referenced for this issue. Chronic Pain Medical Treatment Guidelines states the criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: 1) An adequate and

thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. There is no documentation that the patient exhausted all therapeutic options mentioned in his file. There is no psychological issues or evaluation to support the referral to a restoration program. There is no documentation that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. There is no documentation of patient compliance with his medications and his last UDS was negative (the patient is supposed to be on opioids). Therefore, the request for functional restoration program evaluation is not medically necessary.