

Case Number:	CM14-0093997		
Date Assigned:	09/03/2014	Date of Injury:	01/11/2012
Decision Date:	10/07/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family 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 patient is a 25-year-old male who has submitted a claim for low back pain and chronic pain syndrome associated with an industrial injury date of 01/11/2012. Medical records from 2014 were reviewed. The patient complained of persistent low back pain radiating to the right side. Pain is rated at 7 out of 10. Pain increases with activity and movement. Physical examination revealed tenderness to palpation over sacroiliac joint, paraspinal muscles and posterior iliac spine. Strength was slight decreased and sensation was diminished with light touch and pinprick diffusely on the left lower limb. Reflexes were symmetrical bilaterally. Faber and Gaenslen's sign were positive at the left. Pelvic compression test was likewise positive. Straight leg raise test was negative. Treatment to date has included medications, physical therapy and chiropractic sessions. Utilization review, dated 05/28/2014, denied the request for 12 part day sessions of functional restoration program because at this time, adequate documentation is not provided to determine if realistic goals are in place for this patient to meet the criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Part day sessions of functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. Furthermore, integrative summary reports that include treatment goals, progress assessment and stage of treatment must be made available upon request. In this case, an FRP interdisciplinary consultation was done dated 05/09/2014 which showed that an adequate and thorough evaluation has been made, including baseline functional testing. The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Negative predictors of success have also been addressed. The patient has met the criteria for FRP. However, specific intermediate team goals are not included in the medical records submitted. At this time, documentation is lacking on whether goals will be met. Therefore, the request for 12 part day sessions of functional restoration program is not medically necessary.