

Case Number:	CM15-0015142		
Date Assigned:	02/03/2015	Date of Injury:	04/16/2009
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old male, who sustained an industrial injury on April 16, 2009. He has reported headache, neck pain, and lower back pain radiating to the legs. The diagnoses have included lumbar spine disc displacement, lumbar spine radiculopathy, chronic pain syndrome, and sleep difficulties. Treatment to date has included medications, physical therapy, chiropractic, injections, use of a cane, and imaging studies. A progress note dated December 8, 2014 indicates a chief complaint of headache, neck pain radiating to the left arm, lower back pain radiating to the legs with numbness and tingling, and weakness of the left arm and legs. The treating physician is requesting approval for a 32 day functional restoration program. On January 15, 2015 Utilization Review denied the request for the functional restoration program, noting lack of information required to make a determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 32 day functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The MTUS Chronic Pain Guidelines state that chronic pain programs (functional restoration programs) are recommended as long as they have a proven track record of successful outcomes for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. The criteria set by the MTUS for the use of a pain management program includes: 1. An adequate and thorough evaluation of the patient, including baseline functional testing, 2. Evidence of previous methods of treating chronic pain being unsuccessful, 3. The patient has a significant loss of ability to function independently, 4. The patient is not a candidate where surgery or other treatments would clearly be warranted (but if the 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, and 6. Negative predictors of success above have been reviewed (negative relationship with employer/supervisor, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, longer duration of disability, opioid use, high levels of pain). Summary reports that include goals, progress assessment, and stage of treatment must be made available upon request and at least on a bi-weekly basis during the course of treatment. Treatment should not be longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, otherwise, for longer durations, clear rationale for extension and requires individualized care plans and proven outcomes. In the case of this worker, the requirements of a good candidate seem to have been met for this functional restoration program, however, the duration requested is beyond the recommended 20 day duration. If this request was for 32 partial days adding up to equal to or less than 20 full days, then this needs to be indicated in the request. Also, more detail regarding the program itself needs to be provided for review. Considering these missing pieces of information regarding the request, the 32-day functional restoration program will be considered medically unnecessary until provided.