MAXIMUS Federal Services

Case Number:	CM15-0115084		
Date Assigned:	06/23/2015	Date of Injury:	04/11/2008
Decision Date:	07/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old male with an April 11, 2008 date of injury. A progress note dated April 16, 2015 documents subjective complaints (pain in the lower back and lower bilateral extremities; pain rated at a level of 5/10; pain decreases to a level of 4/10 at best and increases to a level of 8/10 at worst, sleep difficulties), objective findings (mild myofascial spasm in the bilateral suboccipital and cervical paraspinals; mild to moderate spasm of the trapezius muscles and rhomboids bilaterally, left greater than right; moderate spasm of the lumbar paraspinals and bilateral quadratus lumborum with right greater than left; tenderness over the right piriformis and right sacroiliac joint; decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; decreased sensation in the distribution of the sciatic nerve on the right side; decreased motor strength of the knee extensors bilaterally), and current diagnoses (chronic neuropathic pain right lower extremity secondary to trauma to the right sciatic nerve; bilateral severe arthritis of the knees, left greater than right; rule out opioid-induces hyperalgesia; obstructive sleep apnea; adjustment disorder with stable mood; deconditioning). Treatments to date have included medications, left total knee arthroplasty, physical therapy, exercise, acupuncture, use of a cane, and a spinal cord stimulator. A Functional Restoration Program Integrative Summary Report for the dates of June 8, 2015 to June 9, 2015 noted that the injured worker was currently being treated in [redacted] that was initiated on May 18, 2015, and that sixteen days of the recommended thirty two had been completed. The progress note indicated that the injured worker was participating well and had made excellent progression. The treating physician documented a plan of care that included [redacted] for eighty hours/sixteen days.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **x 80 Hours/16 Days:** Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time." "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. " and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. " Medical documentation provided indicates this patient has had continued subjective and objective functional improvement with the current treatment program as well as substantial decreases in the patient's chronic pain medication. As such, the request for [redacted] x 80 Hours/16 Days is medically necessary.