

Case Number:	CM15-0124523		
Date Assigned:	07/09/2015	Date of Injury:	06/23/2008
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 6/23/08. The injured worker has complaints of back and lower extremity pain. The documentation noted that range of motion is restricted with flexion limited to 30 degrees limited by pain, extension limited to 5 degrees. The documentation noted tenderness to palpation is noted over the tarsal tunnel. The diagnoses have included multiple areas of pain involving multiple joints; degenerative disc disease in the lumbar spine with bilateral sciatica and moderate obesity. Treatment to date has included methadone; zorvolex; paxil and buspar; morphine sulfate; oxycodone; removal of floating disc particles from nerve canal on 5/14/11; lumbar spine fusion surgery on 5/23/11; magnetic resonance imaging (MRI) of the dorsal spine on 5/30/13 showed adequate flexion and extension seen on lateral flexion, extension views of the dorsal spine and magnetic resonance imaging (MRI) lumbar spine on 5/29/13 showed postoperative changes at L3-4 and L4-5 fusion. The request was for 10 sessions of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: 10 sessions of functional restoration program are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that negative predictors of success should be addressed prior to a pain program. These include a high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability) and greater rates of smoking. The MTUS states that one of the criteria for a functional restoration program is that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation does not reveal that the patient has a significant inability to function independently as the June 12, 2015 clinical summary document states that with medications the patient can sit one hour, stand one hour, perform household tasks including self care, cleaning/cooking, laundry and grocery shopping for 45 min. at a time. Additionally, it is not clear that the patient has had attempted smoking cessation recently and the MTUS recommends addressing all negative predictors of success prior to attending a chronic pain program. The request for 10 sessions of a functional restoration program are not medically necessary.