

Case Number:	CM15-0074618		
Date Assigned:	04/24/2015	Date of Injury:	11/27/2006
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

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 60 year old female, who sustained an industrial injury on November 27, 2006. The injured worker was diagnosed as having failed back surgery syndrome and possible disease at level above fusion. Treatment and diagnostic studies to date have included spinal fusion and medication. A progress note dated February 5, 2015 provides the injured worker complains of back pain radiating down the legs. Physical exam notes ambulation favoring the right leg, right sacroiliac and trochanter tenderness. The plan includes weaning of opiates, functional restoration evaluation and buprenorphine therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Entry Evaluation for a Functional Restoration Program (lumbar spine): Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of Functional Restoration Programs and the criteria for entry into such programs. Listed below are the criteria from these MTUS guidelines: (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. In this case, as part of the Utilization Review process, the concerns for non-certification included the insufficient evidence that the patient met the above stated entry criteria into such a program. Specifically, that there was insufficient evidence of efforts to wean the patient from use of narcotic medications in the outpatient setting. That the patient has a significant loss of ability to function independently. That there is evidence that the patient has undergone psychological assessment. That the negative predictors of success, as described in the MTUS guidelines, have been addressed. For these reasons, an entry evaluation for a functional restoration program is not considered as medically necessary at this time.