MAXIMUS Federal Services

Case Number:	CM14-0150249		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2011
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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:

This is a 29 year old male patient who sustained a work related injury on 9/8/2011. The mechanism of the injury was not specified in the records provided. The current diagnoses include chronic low back sprain, L5-S1 radiculopathy, s/p lumbar surgery and lumbar degenerative disc disease; depression, anxiety and mood disorder. Per the doctor's note dated 7/22/14, patient had complaints of lumbar spine pain at 7/10 with spasm. Physical examination revealed non antalgic gait, improved range of motion compared to previous visits, lumbar ROM- flexion 40/90, extension 15/25, right and left lateral flexion 15/25 degrees and negative toe and negative heel walk. The medications list includes cymbalta, tramadol, tizanidine, naproxen and omeprazole.He has had EMG/NCS dated 10/14/13 which revealed documented active L5-S1 radiculopathy; lumbar MRI dated 3/15/14 which revealed L5-S1 neuroforaminal narrowing, L4-5 degenerative disc disease, 5 mm retrolisthesis, L4 on L5. He has undergone bilaterally L4-5 and L5-S1 laminectomy on 07/25/13. He has had physical therapy visits and multiple injections for this injury. He has had urine drug screen on 5/2/14 which was inconsistent for zolpidem (prescribed but not detected).

IMR ISSUES, DECISIONS AND RATIONALES

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

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 programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines functional restoration programs are "Recommended where there is access to programs with proven 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, and meet the patient selection criteria outlined below."In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(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; (6) Negative predictors of success above have been addressed."The pain evaluation of this patient (e.g. pain diary) is not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain, is not specified in the records provided. Response to previous methods of treating chronic pain , including physical therapy visits is not specified in the records provided.Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs...(4) high levels of psychosocial distress (higher pretreatment levels ofdepression, pain and disability) ....(7) duration of pre-referral disability time; (8) prevalence of opioid use;"This patient's date of injury was in 2011 and therefore he had an increased duration of pre-referral disability time. He is also having significant anxiety and depression. These are negative predictors of efficacy and completion of treatment.It is deemed that the medical necessity of a Functional Restoration Program is not fully established in this patient .