

Case Number:	CM13-0025554		
Date Assigned:	11/20/2013	Date of Injury:	06/28/2007
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for a chronic pain syndrome reportedly associated with industrial injury of June 28, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; transfer of care to and from various providers in various specialties; unspecified amounts of aquatic therapy; at least one prior epidural steroid injection; and the apparent imposition of permanent work restriction. The applicant apparently last worked on June 17, 2007. In a Utilization Review Report of September 4, 2013, the claim's administrator denied a request for 15 parttime days of functional restoration. The applicant's attorney later appealed, incidentally noting that the claims administrator did not provide a diagnosis on the IMR application. In a June 21, 2013 in a disciplinary evaluation, 15 part day sessions of functional restoration are sought. The applicant has apparently tried and failed physical therapy, aquatic therapy, psychological counseling, exercises, and a prior lumbar laminectomy. The applicant has weakness with 4/5 lower extremity strength appreciated. The applicant is on Norco, Cymbalta, Prilosec, and tizanidine. The applicant is not working. She is having issues with memory, depression, poor sleep, is no longer as active as formerly. The applicant's Goal Assessment of Function is 55. It is stated that the applicant wants to learn how to manage her pain, to be more active, and wants to be able to do more things as she used to be able to do. It is stated that she will benefit from education, more active lifestyle, and rehabilitation. The goals of the program are clearly minimizing reliance on medications, improving functional status, fostering positive recovery beliefs, and/or encouraging the applicant to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 15-day part-time functional restoration program (track II) between June 2, 2013 and November 10, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration program)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

Decision rationale: As noted on Page 32 of the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of a functional restoration program are evidence that an adequate and thorough baseline evaluation has been made, evidence that the previous means of treating chronic pain have been unsuccessful and that there is an absence of other options likely to generate functional improvement, evidence that an applicant indicates motivation to change, and is willing to forgo disability payments to effect change. The applicant does have medical and mental impairment here. She is not a candidate for further spine surgery, it has been stated. She is reportedly willing to change. She has exhausted all lower levels of care, including time, medications, physical therapy, surgery etc. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.