

Case Number:	CM13-0030104		
Date Assigned:	11/27/2013	Date of Injury:	09/30/2006
Decision Date:	01/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/27/2013

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.

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of September 30, 2006. The applicant has also filed claims for derivative posttraumatic stress disorder and insomnia also associated with the industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical pain patches; laxative; epidural steroid injections; and the apparent imposition of permanent work restrictions, which have apparently resulted in the applicant being removed from the workplace. In a utilization review report of September 13, 2013, the claims administrator apparently denied a request for a multidisciplinary evaluation to assess the applicant's fitness for a functional restoration program. The applicant's attorney later appealed, on September 26, 2013. An earlier handwritten note of September 25, 2013 is notable for comments that the applicant is off of work and awaiting admission to a functional restoration program. An earlier note of August 22, 2013 is notable for the comments that the applicant is having issues with pain, muscle spasms, depression, insomnia, and posttraumatic stress. The applicant is asked to consider a functional restoration program. On May 30, 2013, it is stated that the applicant is reportedly deconditioned, depressed, frustrated, and has poor coping skills. The applicant is asked to attend the functional restoration program. Both the applicant's attorney, on December 16, 2013, and the attending provider, on December 23, 2012, writes that the applicant should be afforded an assessment to determine the suitability for the proposed functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation (physical therapy and psych evaluation/testing with a team meeting) to assess for a functional restoration program is: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3, 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary chronic pain program should be considered. In this case, it does not appear to be altogether certain whether the applicant is intent on making an effort to try and improve via functional restoration. It appears that the applicant is depressed, frustrated, etc. Nevertheless, some of his treating physicians and his attorney have seemingly stated that he is a possible candidate for the program and in fact would like to improve.