

Case Number:	CM13-0033327		
Date Assigned:	12/06/2013	Date of Injury:	01/21/2007
Decision Date:	05/02/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

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 chronic neck pain reportedly associated with an industrial injury of January 21, 2007. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of massage therapy; unspecified amounts of physical therapy; topical pain patches; antidepressants; and the apparent imposition of permanent work restrictions. The applicant has alleged derivative development of depression, it is incidentally noted. In a Utilization Review Report of October 7, 2013, the claims administrator partially certified a request for 160 hours of a functional restoration Final Determination Letter for IMR Case Number CM13-0033327 3 program as a two-week, 10-day, 80-hour partial program. The applicant's attorney subsequently appealed. An October 7, 2013 progress note is notable for comments that the applicant is very interested in starting the functional restoration program. She reports 4-5/10 pain. She is anxious and depressed but denies suicidal ideation. She is on Lidoderm, Tylenol with Codeine, aspirin, Wellbutrin, hydrochlorothiazide, and Levoxyl. The applicant's medications are refilled. She is asked to pursue all six weeks of a functional restoration program. Permanent work restrictions are endorsed. In an earlier note of September 9, 2013, progress note, the attending provider wrote that the applicant's multitude of issues relating to chronic pain, depression, and anxiety are such that she requires a full six-week functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, 160 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 8, 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not "suggested for longer than two weeks" without evidence of demonstrated efficacy as documented by subjective and objective gains. The MTUS guidelines do take the position, as noted on both pages 8 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines, that interval demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, despite the multitude of mental health and chronic pain issues recounted by the attending provider, the employee is not necessarily exempt from the injunction noted on both pages 8 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines to demonstrate functional improvement at various milestones in the treatment program so as to justify continued treatment. The six-week 160-hour functional restoration program, consequently, cannot be supported as it runs counter to MTUS principles. Therefore, the request is not certified, on Independent Medical Review.