

Case Number:	CM13-0037446		
Date Assigned:	12/13/2013	Date of Injury:	12/19/2011
Decision Date:	04/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Preventative Medicine and 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, chronic low back pain, myalgias, and myositis reportedly associated with an industrial injury of December 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. In a utilization review report of September 16, 2013, the claims administrator denied a request for a HELP functional restoration program evaluation, citing lack of supporting information. The claims administrator stated that the request was conditionally denied on the grounds that the attending provider did not clearly state that all other treatments had been tried, failed, and/or exhausted before the functional restoration program evaluation was sought. In a progress report dated August 8, 2013, the attending provider states that he will seek reconsideration of the denial. The applicant is on Naprosyn, Elavil, and tramadol, it is stated. The applicant is having issues with pain, which are interfering with even basic activities of daily living including personal care, lifting, walking, standing, sleeping, social life, and traveling. The applicant is not working. Naprosyn, Elavil, tramadol, and a functional restoration program evaluation are sought. On April 1, 2013, the functional restoration program was previously denied. On June 6, 2013, it was again stated that the applicant was still psychologically concerned, emotionally upset, and in fact wished to pursue functional restoration but that psychological fear was causing him to avoid activity. It was thought that the functional restoration program would address these issues. The applicant was again described as not working. Final Determination Letter for IMR Case Number [REDACTED] 4 In an earlier note of March 13, 2013, it is again stated that the applicant has had chiropractic care, has not returned

to work, has a chronic condition which has not responded to lower levels of care, and is not a surgical candidate. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION FOR HELP PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PATIENTS WITH INTRACTABLE PAIN Page(s): 30.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is willing to make the effort, an evaluation for admission into a functional restoration program should be considered. In this case, the attending provider has seemingly posited that the applicant is in fact willing to make the effort, is motivated to improve, and is intent on effecting functional restoration. Since the applicant is reportedly willing to make the effort, per the attending provider, an evaluation for admission into the program should be considered, as suggested on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that it does appear that all lower levels of care have been tried and/or exhausted before the program was considered. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.