

Case Number:	CM13-0045540		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2010
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 21, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; three prior knee surgeries, including most recently in July 2013; transfer of care to and from various providers in various specialties; long-acting opioids; pain management counseling; adjuvant medications; and unspecified amounts of cognitive behavioral therapy. In a utilization review report of November 1, 2013, the claims administrator denied a request for a Functional Restoration Program/Chronic Pain Program. An earlier progress note of October 14, 2013 is notable for comments that the applicant reports persistent chronic low back and knee pain. The applicant is not improving. The applicant is status post multiple knee surgeries. She is severely depressed. She is unhappy. She is contemplating a divorce. She is unable to do chores around the home. She is on Norco and OxyContin for pain relief. She has two children. The applicant has been off of work on disability since August 1, 2013, it is stated. She exhibits an antalgic gait. She is quite obese with a BMI of 36. She exhibits limited range of motion about both the low back and knee with 4/5 muscle strength noted, apparently a function of poor effort. The applicant is asked to employ Lyrica and Nucynta for pain relief. OxyContin is reportedly discontinued. Pain management counseling and physical therapy are sought. It is stated that a Functional Restoration Program evaluation will be considered if the physical therapy and pain management counseling proves inadequate

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 Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32 of 127.

Decision rationale: As noted on page 32 of the Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a Chronic Pain Program or Functional Restoration Program is that "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." In this case, however, two other means of treating chronic pain have been endorsed, specifically further outpatient physical therapy and outpatient pain/psychological counseling. It is further noted that page 32 of the Chronic Pain Medical Treatment Guidelines endorses completion of a precursor evaluation to determine an applicant's suitability for participation in a program. In this case, there is no indication that the applicant has in fact had the requisite precursor evaluation. Therefore, the original utilization review decision is upheld. The request is not certified.