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| Case Number: | CM13-0045631 | | |
| Date Assigned: | 03/31/2014 | Date of Injury: | 01/18/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 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 leg pain reportedly associated with an industrial injury of January 18, 2012. 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; unspecified amounts of physical therapy, chiropractic manipulative therapy, and injection therapy; and extensive periods of time off of work. In a Utilization Review Report of October 25, 2013, the claims administrator denied a request for interdisciplinary evaluation prior to pursuit with functional restoration program. The applicant's attorney subsequently appealed. In an appeal letter dated November 7, 2013, the applicant's treating provider states that the applicant has exhausted lesser levels of care, including physical therapy, manipulative therapy, injections, and medication management. The applicant has psychological overlay. The applicant is not interested in pursuing invasive procedures, it is stated. It is stated, on somewhat templated fashion, that the applicant has functional deficits which are to be addressed through the functional restoration program. It is stated that the applicant does not have an increased duration of pre-referral disability time. However, a November 6, 2013 progress note states that the applicant is permanent and stationary and seemingly not working. In an October 9, 2013 progress note, the applicant states that she is interested in functional restoration program. She does have issues with diabetes and history of anemia, it is stated. She does have feelings of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL INTERDISCIPLINARY EVALUATION AT [REDACTED]
FUNCTIONAL RESTORATION PROGRAM (FRP): Overturned**

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

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

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, the attending provider has seemingly posited that the applicant is in fact prepared to make the effort and is in fact prepared to try and improve through the functional restoration program. Therefore, an evaluation for admission for subsequent treatment in a multidisciplinary program is indicated and appropriate. Accordingly, the request is certified, on Independent Medical Review.