

Case Number:	CM13-0046416		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2010
Decision Date:	03/07/2014	UR Denial Date:	10/31/2013
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 is a represented [REDACTED] employee who has filed a claim for an unspecified dermatitis, chronic pain syndrome, chronic hand pain, chronic finger pain, and depression reportedly associated with an industrial injury of June 18, 2010. 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; and at least 5 to 10 days of treatment in a functional restoration program. In a utilization review report of October 31, 2013, the claims administrator denied a request for 20 days in a functional restoration program, noting that the applicant had only completed 5 of 10 days of the initial functional restoration program. The applicant missed the remaining five days owing to non-industrial health issues. The attending provider withdrew the request for additional treatment in the functional restoration program. However, the applicant's attorney later appealed, on November 7, 2013. Later notes of June and July 2013 indicated that the applicant is having ongoing issues of chronic pain, depression, TMJ, tobacco use disorder, and adjustment disorder associated with chronic pain. The applicant was placed on total temporary disability. The applicant remained on total temporary disability as of an office visit of August 2, 2013. A functional restoration program was sought. The applicant was asked to follow up in two weeks for reevaluation following said functional restoration program. Later notes of August, September, and October 2013 are notable for comments that the applicant remains off of work and is using various medications, including Klonopin, Cymbalta, Elavil, Neurontin, Zanaflex, Medrol, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 days of functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, treatment in the functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Integrated summary reports should be produced on request on a bi weekly basis during the course of the treatment program. Total treatment duration should not exceed 20 full days, the MTUS further notes. In this case, the 20-day course of treatment being proposed by the attending provider represents the entire course of treatment without any interval reassessment, as suggested on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. This is not indicated. It is further noted that the applicant appears to have attended somewhere between 5 and 10 days of the functional restoration program and failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to any form of work. The applicant remained highly reliant on numerous analgesic, adjuvant, and topical medications. The request for 20 days of functional restoration program is not medically necessary and appropriate.