

Case Number:	CM13-0053070		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2011
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 pain disorder/chronic pain syndrome, posttraumatic headaches, and major depressive disorder reportedly associated with an industrial injury of November 17, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of psychotherapy; and unspecified amounts of cognitive behavioral therapy; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 21, 2013, the claims administrator denied a request for functional restoration program. The applicant's attorney subsequently appealed. In a clinical progress note of July 31, 2013, it is noted that the applicant has issues with mental stress, marital discord, and is presently off of work. The applicant is involved in a law suite, it is stated. She is having difficulty performing activities of daily living at home. She is socially isolated. She is asked to pursue psychotherapy, biofeedback, cognitive behavioral therapy, and a weight loss program while remaining off of work, on total temporary disability. A functional restoration program is sought should the aforementioned treatments prove unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a 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 Page(s): 32.

Decision rationale: According to the MTUS Guidelines, similar criteria for pursuit of functional restoration program include completion of baseline precursor evaluation in those individuals in whom previous means of treating chronic pain have proven unsuccessful and in whom there is an absence of other options likely to generate significant clinical improvement. Another criterion is that an applicant should exhibit motivation to change and is in fact willing forgo disability payments to effect that change. In this case, however, these criteria have not been met. The applicant has not had a baseline precursor evaluation. The applicant has, furthermore, been asked to pursue other treatments, including psychotherapy, cognitive behavioral therapy, biofeedback, etc. If these options prove successful, they would effectively obviate the need for functional restoration program. Finally, there is no evidence that the applicant is willing to forgo disability payments to try and improve. If anything, she appears intent on maximizing total temporary disability payments and is also involved in a lawsuit, it appears. All of above, taken together, suggests that the criteria for pursuit of functional restoration program have not been met here. Therefore, the request remains non certified, on independent medical review.