

Case Number:	CM13-0063681		
Date Assigned:	12/30/2013	Date of Injury:	07/10/1997
Decision Date:	04/18/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/10/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic shoulder pain, posttraumatic headaches, and depression reportedly associated with an industrial injury of July 10, 1997. 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; sleep aids; and extensive periods of time off of work. In a medical legal evaluation of November 18, 2013, the applicant is described as having issues with chronic neck pain, myofascial pain syndrome, low back pain, and carpal tunnel syndrome. The applicant is apparently status post total knee arthroplasty. A TENS unit rental, epidural steroid injections, and Medrox patches were sought. On August 29, 2013, the applicant was described as being scheduled for a total knee arthroplasty. The applicant was walking with the aid of a cane. She is working from home about 16 hours per week. Norco, Soma, and Ambien were renewed. It appears that the applicant's primary treating provider sought authorization for functional restoration program on July 10, 2013 and subsequently on November 27, 2013, noting that the applicant is motivated to change, would like to cut down on medication consumption, and is reportedly unable to independently self-manage flares of pain. In a utilization review report of November 25, 2013, the claims administrator denied a request for a 10-day functional restoration program, stating that the information on file did not suggest significant loss of ability to function independently as a result of chronic pain. It was stated that the applicant was working one day a week as a psychotherapist after having retired from full time work. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) DAYS OF A FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRPs).

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for pursuit of chronic pain on functional restoration program includes evidence that there is an "absence of other options likely to result in significant clinical improvement." In this case, however, the applicant is apparently contemplating a total knee arthroplasty procedure. The applicant is also considering other treatments, including a TENS unit trial and an epidural steroid injection. Thus, it does appear that the applicant is a candidate for other treatments, which are likely to result in significant improvement here. Thus, by definition, the applicant is not an appropriate candidate for the functional restoration program. Therefore, the request remains not certified, on independent medical review.