

Case Number:	CM13-0063775		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2010
Decision Date:	04/15/2014	UR Denial Date:	12/09/2013
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 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 mid and low back pain reportedly associated with an industrial injury of July 15, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; multiple thoracic and lumbar spine surgeries; multiple hardware removal procedures; a cane; long and short-acting opioids; transfer of care to and from previous providers in various specialties; psychological counseling; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 9, 2013, the claims administrator partially certified a request for functional restoration program with transportation and initial trial of 10 days or 80 hours of functional restoration program. The claims administrator apparently did endorse the request for transportation to and from medical appointments as well. A November 26, 2013 comprehensive interdisciplinary functional restoration program evaluation report is cosigned by chronic pain physician, a psychologist, and a physical therapist, who writes that the applicant is having ongoing issues with low back and leg pain with associated anxiety, depression, and chronic pain issues status post multiple spine surgeries and status post both psychological counseling and psychotropic medications. It is stated that the applicant is having a great deal of anxiety, fear, and issues with sedentary lifestyle. The applicant is willing to lower his opioid consumption, it is stated and decrease future medication intake. The applicant wants to return to walking for exercise, get out of his house, run errands, perform housekeeping, and perform cooking. The applicant's overall quality of life is quite low, it is stated. The applicant is currently receiving retirement income and [REDACTED], he notes, at age 63. The applicant has a number of comorbidities, including diabetes, hypertension, dyslipidemia, and obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM WITH TRANSPORTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004)

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, applicants or employees must assume certain responsibilities, one of which includes keeping appointments. By implication, applicants are, per ACOEM, responsible for transporting themselves to and from physician office visits or other appointments. In this case, it is not clear why the applicant cannot drive himself to and from the functional restoration program appointment. There is no mention of the applicant's not having a driver's license, being unable to use a cab or public transportation, etc. While the applicant may meet several of the other criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a functional restoration program, partial certifications are not permissible through the independent medical review process. Since the transportation component of the request cannot be endorsed, the proposed functional restoration program with associated transportation is therefore wholly not certified, on independent medical review.