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| Case Number: | CM14-0103178 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/24/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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], who has filed a claim for chronic posttraumatic headaches, neck pain, and low back pain reportedly associated with an industrial injury of December 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; extensive periods of time off of work, on total temporary disability; and opioid therapy. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for functional restoration program and denied a request for a neurological follow-up appointment. The applicant's attorney subsequently appealed. In a March 12, 2014, Medical-legal Evaluation, it was acknowledged that the applicant was not working and had been off of work, on total temporary disability, for large portions of the claim. The applicant was using Norco for pain relief. Multifocal complaints of headaches, neck pain, and low back pain were reported, 4-6/10. The applicant's medications list reportedly included Norco, Fioricet, and Tylenol. The applicant had developed variety of depressive symptoms, including tension, sleeplessness, depression, fatigue, malaise, and feelings of helplessness. The applicant was obese, with a BMI 32, it was acknowledged. Authorization was seemingly sought for some variant of a functional restoration program. On February 27, 2014, the applicant was asked to obtain Cymbalta, Norco, and 24-hour fitness program. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Head, Neck, Low Back, 30 Units 5x4-6 Weeks: Upheld

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

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that an applicant is motivated to change and is willing to forego secondary gains, including disability payments, to effect said change. In this case, however, there was/is no evidence that the applicant was motivated to improve and/or willing to forego disability payments in an effort to do so. Similarly, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also advocates baseline functional testing and adequate, thorough precursor evaluation prior to pursuit of a functional restoration program. In this case, there is no evidence that the applicant had completed the requisite precursor evaluation before authorization for the functional restoration program was sought. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criterion for pursuit of chronic pain program/functional restoration program is evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, many of the applicant's symptoms appear to be mental health in nature. The applicant developed a variety of depressive symptoms and psychiatric issues. It does not appear that the applicant has had much in the way of psychological treatment, however, to date. Since several criteria for pursuit of chronic pain program/functional restoration program have not seemingly been met here, the request is not medically necessary.

Neurological Follow-Up Appointment X1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has failed earlier conservative management. Obtaining the continued expertise of a physician in another speciality, such as neurologist, is therefore indicated. Accordingly, the request is medically necessary.