

Case Number:	CM14-0109475		
Date Assigned:	08/01/2014	Date of Injury:	08/02/2005
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of February 23, 2006. 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; unspecified amounts of physical therapy, per the claims administrator; and 20 prior days of a functional restoration program, per the claims administrator. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for additional treatment via a functional restoration program. The applicant's attorney subsequently appealed. In a January 21, 2014 progress note, the applicant was described as having a variety of chronic pain complaints, depression, muscle spasm, adjustment disorder, sleep apnea, and multifocal pain complaints. The applicant was using Neurontin and Lidoderm. The applicant was status post lumbar laminectomy, it was acknowledged. The applicant was described as already permanent and stationary. A functional restoration program was endorsed. Additional treatment via the functional restoration program was apparently sought on June 18, 2014. In an earlier progress note of June 4, 2014, it was acknowledged that the applicant had attended three weeks of the functional restoration program. It was stated that the applicant was not able to work owing to full time attendance in the program. In a discharge report dated June 19, 2014, it was stated that the applicant had achieved "minimal functional gains" in the program. The applicant apparently had severe migraine headaches during the program resulting in trips to the emergency department. The applicant was apparently in the process of attending cosmetology program, it was stated. The applicant still had ongoing issues with emotional distress and associated psychological gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration Program, 10 more days, Monday through Friday 8:30-4: Upheld

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

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

Decision rationale: The information in file suggests that the applicant has already had prior treatment on the order of 20 full-day sessions of the program. However, as noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via a chronic pain program or functional restoration program should generally not exceed 20 full-day sessions without some clear rationale for the specified extension in reasonable goals to be achieved. In this case, no clear treatment goals have been identified. The functional restoration program evaluator seemingly concluded that the applicant had made minimal gains through the course of the program. As further noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via the functional restoration program route is not suggestive for longer than two weeks without evidence of demonstrated efficacy. In this case, the applicant has seemingly failed to return to work, despite having completed 20 full-day sessions of the program. Significant physical and mental health complaints seemingly persisted, despite earlier extensive treatment through the program. Additional treatment is not, consequently, indicated. Therefore, the request is not medically necessary.