

Case Number:	CM14-0113830		
Date Assigned:	08/04/2014	Date of Injury:	08/21/1987
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 has filed a claim for chronic low back pain/chronic pain syndrome reportedly associated with an industrial injury dated August 25, 1997. Thus far, the applicant has been treated with the following: analgesic medications; earlier lumbar laminectomy; adjuvant medications; psychotropic medications; opioid agents; and topical drugs. In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for a functional restoration program - six-session aftercare program. The claims administrator stated that the applicant had completed six weeks of a previously authorized functional restoration program. In a June 27, 2014 multidisciplinary conference, the applicant was described as having completed five weeks of functional restoration. It was stated that the applicant's ability to "engage the world" was reportedly improved. The applicant was still on Buprenorphine, Doxepin cream, Flexeril, Effexor, and Lyrica. It was stated that the applicant's psychological issues were likewise improved. Additional treatment through a functional restoration program aftercare program was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program - Aftercare program x 6 sessions (56 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The applicant has already had prior functional restoration treatment (six weeks), seemingly already in excess of the 20 full-day session maximum total treatment duration recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. As further noted on page 32 of the Chronic Pain guidelines, treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, no clear rationale or reasonable goals for further treatment were proffered by the attending provider. It was not clearly stated why other options for treating the applicant's chronic pain issues could not be employed here, such as conventional outpatient office visits, psychological counseling, home exercises, etc. No clear treatment goals were outlined for the proposed aftercare program. Therefore, the request is not medically necessary.