

Case Number:	CM14-0122145		
Date Assigned:	08/06/2014	Date of Injury:	02/08/2013
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain, anxiety, depression, and psychological stress reportedly associated with an industrial injury of February 8, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; 12 prior sessions of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for chronic pain program on the grounds that "chronic pain management programs are for claimants on opioid pain medications" only. The claims administrator stated that the injured worker was using Naprosyn alone and therefore, did not qualify for the chronic pain program in question. The claims administrator did not, however, incorporate cited MTUS Guidelines into its rationale or state what it was basing its position on. The injured worker's attorney subsequently appealed. In a July 21, 2014 progress note, the injured worker stated that he reportedly return to regular duty work, despite ongoing complaints of low back pain, and ranging anywhere from 1-4/10. The injured worker stated he was still interested in attending the functional restoration program and was apparently using Naprosyn or Protonix. Regular duty work and functional restoration program were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 160 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management 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 Medical Treatment Guidelines, treatment via a chronic pain program is not suggestive for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the 160-hour functional restoration program does represent treatment in excess of two weeks and, furthermore, does not make provisions for interval reevaluation of the injured worker during the course of the program so as to ensure ongoing improvement. The MTUS Chronic Pain Medical Treatment Guidelines also notes that another of the cardinal criteria for a functional restoration program is that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. An injured worker should also have significant loss of ability to function independently resulting from the chronic pain. In this case, however, the injured worker has already returned to regular duty work. It is not clear why the injured worker cannot continue his rehabilitation through the context of regular duty work, conventional outpatient office visits, psychological counseling, etc. There is no evidence that previous methods of treating the injured worker had proven unsuccessful here. Therefore, the request is not medically necessary.