

Case Number:	CM14-0159512		
Date Assigned:	10/01/2014	Date of Injury:	08/24/2012
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, foot pain, and ankle pain reportedly associated with an industrial injury of August 24, 2012. The applicant has been treated with the following: Analgesic medications; 16 prior days or 80 hours of a functional restoration program; unspecified amounts of physical therapy over the course of the claim; and adjuvant medications. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for 16 additional days or 80 hours of the functional restoration program at issue. The applicant's attorney subsequently appealed. In a September 2, 2014 functional restoration program report, it was acknowledged that the applicant had completed 80 hours of a functional restoration program. The applicant was reportedly making progress. It was acknowledged that the applicant was not working. The treating provider stated that the applicant needed more time to try and find a job. The treating provider also suggested that further goals of treatment via the functional restoration program included increased sitting and standing tolerance. The applicant was using Elavil and Tylenol, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining 16 days equating to 80 hours at HELP Latino program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (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 California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, total treatment duration via a functional restoration program/chronic pain program should "generally not exceed 20 full-day sessions." In this case, the request for 16 additional days of the functional restoration program, if approved, would represent well excess of the 20 full-day session maximum course suggested on page 32 of the California MTUS Chronic Pain Medical Treatment Guidelines. No compelling rationale or basis for further treatment in excess of California MTUS parameters was proffered by the attending provider. The attending provider's comments to the effect that further treatment is needed to improve the applicant's sitting and standing tolerance does not appear sufficient to support such intense treatment at a rate, frequency, and overall amount so far in excess of California MTUS parameters. Therefore, the request is not medically necessary.