

Case Number:	CM14-0161291		
Date Assigned:	10/06/2014	Date of Injury:	04/11/2013
Decision Date:	12/09/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 22, 2014, the claims administrator denied a request for an initial evaluation for a functional restoration program. The claims administrator stated that its denial is based on the fact that the applicant had not received any conventional outpatient psychotherapy. The applicant's attorney subsequently appealed. In an April 1, 2014, progress note, the applicant reported ongoing complaints of low back pain, mid back pain, and neck pain. The applicant was using crutches to move about. The applicant is having anxiety attacks and panic attacks, it was further noted. The applicant was having issues with depression and, at times, suicidal ideation, although it was stated that the applicant had not formed an active plan to harm himself. The applicant was using Cymbalta but stated that Cymbalta was generating some adverse effects such as dizziness and nausea. Cymbalta and Lunesta were not prescribed. The applicant was kept off work, on total temporary disability, until the next visit. In a July 22, 2014, progress note, the applicant reported ongoing complaints of low back pain, mid back pain, and neck pain. The applicant stated that he was having continued issues with anxiety attacks and panic attacks. The applicant was asked to employ Butrans for pain relief. Lunesta and Effexor were reportedly discontinued. The applicant was kept off work, on total temporary disability. Lidoderm was introduced. The attending provider stated that he continued to advocate for a multidisciplinary chronic pain program to treat the applicant's multifocal complaints. It was stated that the Effexor is being discontinued on the grounds that the applicant had experienced nausea with the same. The applicant had a pending

psychiatry consultation, it was further noted. On August 29, 2014, the applicant was given a prescription for senna for opioid-induced constipation. The attending provider again sought authorization for a functional restoration program evaluation. It was stated that this evaluation could potentially test the applicant's physical issues, depression, and anxiety. The applicant was, once again, placed off 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:

Initial evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Section Chronic Pain Programs Topic Page(s): 6 32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an evaluation for admission into a multidisciplinary pain program/functional restoration program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there is no clear suggestion that the applicant is, in fact, prepared to make the effort to forgo disability payments and/or Workers' Compensation Indemnity payments. The applicant was consistently placed off work, on total temporary disability, on various office visits throughout 2014, referenced above. There was no mention of the applicant's willingness to in an effort to try and improve. It was further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that chronic pain program/functional restoration programs be considered and/or employed in applicants in whom previous methods of treating chronic pain have proven unsuccessful, with an absence of other options likely to result in significant clinical improvement. In this case, the applicant has a pending psychiatry consultation, the attending provider has acknowledged, optimizing psychotropic medication management. There are, thus, other options here which are likely to result in significant improvement, effectively obviating the need for the proposed functional restoration program and evaluation. Therefore, the request is not medically necessary.