MAXIMUS Federal Services

Case Number:	CM14-0024479		
Date Assigned:	06/11/2014	Date of Injury:	06/03/2003
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occuptational 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 and shoulder pain with associated headaches reportedly associated with an industrial injury of June 3, 2003. 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; epidural steroid injection therapy; various other interventional spine procedures; multiple facial surgery; earlier cervical diskectomy and fusion surgery; revision of various facial and surgical scars; and apparent recommendations to try and cease smoking.In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for functional restoration program on the grounds that the applicant had not completed a precursor psychological evaluation and/or precursor FCE testing. The claims administrator, somewhat incongruously, however, apparently cited MTUS Guidelines on work hardening in its denial. The applicant's attorney subsequently appealed, on February 24, 2014.In a progress note dated March 26, 2014, the applicant was described as having persistent complaints of neck pain. The applicant apparently stated that he was longer interested in cervical epidural steroid injection therapy but stated that he would be interested in other types of injections, including platelet-rich plasma injections and/or occipital nerve blocks. The applicant's medication list included Relafen, tramadol, Lipitor, metformin, and Vicodin. The applicant was given an occipital nerve block in the clinic setting. The applicant was described as obese, with a BMI of 31. The attending provider seemingly suggested that a request for a functional restoration program evaluation was apparently denied. The applicant was given refills of Ultram and Relafen and asked to cease smoking. The applicant was previously asked to cease smoking on an earlier note of February 17, 2014. The remainder of the file was surveyed. There was no evidence that the applicant had undergone the functional restoration program evaluation in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening.

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

Decision rationale: As noted on page 32 of MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of a functional restoration program include evidence that an applicant has undergone an adequate and thorough precursor evaluation, evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options to likely result in significant clinical improvement, evidence that an applicant has significant loss of ability to function independently resulting from the chronic pain, and/or evidence that an applicant is willing to forgo secondary gains, including disability payments, to effect said change. In this case, however, it does not appear that the applicant has had a precursor evaluation. There was no clear statement that the applicant had in fact failed other methods of treating chronic pain. The applicant's work and functional status were never clearly stated. It was not clearly stated whether or not the applicant was receiving disability payments and/or whether the applicant was willing to forgo said disability payments in an effort to try and improve. Therefore, the request is not medically necessary, for all of the stated reasons.