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| Case Number: | CM14-0030038 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 08/28/2012 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

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 low back pain and chronic pain disorder with psychological features reportedly associated with an industrial injury of August 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from previous provider in various specialties; psychotropic medications; unspecified amounts of physical therapy and manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of February 5, 2014, the claims administrator apparently modified a request for 160 hours of a functional restoration program to a total course of 80 hours of the functional restoration program, stating that the MTUS does not support total treatment duration in excess of 20 sessions. The applicant's attorney subsequently appealed. In a clinical progress note of January 22, 2014, the applicant was placed off of work, on total temporary disability, until completing the functional restoration program. The attending provider stated that he would continue to request authorization for the functional restoration program. The denial was apparently predicated on the fact that the attending provider was not in the applicant's employer's medical provider network (MPN), the applicant's employer stated. In a psychological and behavioral evaluation report of October 24, 2013, a psychologist suggested that the applicant carried a Global Assessment of Functioning (GAF) 60 secondary to a diagnosis of major depressive disorder. It is stated that the applicant would benefit from the functional restoration program. It was stated that the applicant had issues with anxiety, weight gain, and inability to exercise secondary to depression. A medical evaluation of the same date, October 24, 2013, was notable for comments that the applicant reported ongoing low back pain. The applicant was given a diagnosis of chronic low back pain and chronic pain syndrome. The applicant was reportedly using Motrin solely for pain relief. Authorization for a 160-hour functional

restoration program was sought on the grounds that the applicant was in a slow decline psychologically and had failed to return to work as [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 160 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32 & 49.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program includes evidence that there is an absence of other options likely to result in significant clinical improvement. In this case, it appears, on balance, that the applicant's deficits are minor and seemingly amenable to treatment with psychological counseling and/or psychotropic medications. There is no clear record of the applicant's having had failed lesser levels of psychiatric care. The attending provider has not clearly stated why the applicant cannot continue his rehabilitation through home exercises, a trial of regular work, psychotropic medications, and other lesser levels of care. It is further noted that page 36 of the MTUS Chronic Pain Medical Treatment Guidelines states that treatment is not suggested for longer than four weeks without interval assessment to demonstrate efficacy as documented by subjective and objective gains. In this case, however, the attending provider sought authorization for all four weeks of a functional restoration program without an intervening follow-up visit to ensure the presence of ongoing gains and continued need for the program. The request is not medically necessary and appropriate.