

<b>Case Number:</b>	CM14-0030461		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 has filed a claim for chronic low back pain and foot pain reportedly associated with an industrial injury of November 19, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; epidural steroid injection therapy; unspecified amounts of physical therapy; and unspecified amounts of cognitive behavioral therapy. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for an interdisciplinary evaluation to consider admission into a functional restoration program. The claims administrator seemingly based its denial on the fact that the applicant had had a recent qualified medical evaluation (QME), who had recommended cognitive behavioral and a psychology consultation prior to consideration of the functional restoration program in question. The applicant's attorney subsequently appealed. In a March 3, 2014 reconsideration letter, the applicant's treating provider noted that the applicant sustained burns of the foot, while originally working as a cook. It was stated that the applicant was unable to return to work on the grounds that modified duty was unavailable. The applicant was apparently using Flector, Neurontin and foot orthoses, it was noted. Depigmentation and scarring were noted about the foot at the site of the burn. The claims administrator stated the QME has endorsed both cognitive behavioral therapy and the functional restoration program in question. The attending provider has also complained that the claims administrator had denied a request for psychological evaluation at an earlier point in time. The attending provider stated that the applicant was motivated to return to work. In an earlier progress note of February 21, 2014, the attending provider sought authorization for 12 sessions of cognitive behavioral therapy, psychology consultation, and an evaluation for admission into functional restoration program. It does not appear that the applicant had received any mental health treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **INITIAL INTERDISCIPLINARY EVALUATION FOR [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 31.

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

**Decision rationale:** The proposed initial interdisciplinary evaluation for evaluation into a functional restoration program is not medically necessary, medically appropriate or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for admission into a functional restoration program is evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, it does not appear that the applicant has tried, failed and/or exhausted other means of treating chronic pain, such as the psychological counseling and cognitive behavioral therapy seemingly being endorsed both by the attending provider and qualified medical evaluator. Therefore, the proposed evaluation for admission into a functional restoration program is not medically necessary.