

Case Number:	CM14-0046083		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2011
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 reportedly associated with an industrial injury of June 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; at least 24 sessions of a functional restoration program, per the claims administrator; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for four additional sessions of functional restoration program, noting that the applicant had already completed 24. In a psychological progress note dated March 11, 2014, however, the applicant was again placed off of work, on total temporary disability. The applicant complained that her permanent disability benefits had been ceased. The applicant then stated that she was in the process of applying for unemployment compensation. The applicant had reportedly completed the functional restoration program. It was stated that the applicant was in the process of standing out for a keyboarding class but this was continued on her receiving some financial assistance. The applicant was again placed off of work, on total temporary disability, from a mental health perspective. The applicant was described as using a variety of medications, including Flexeril, Cymbalta, and Neurontin. In a medical-legal report of March 7, 2014, the applicant was given a 16% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final functional restoration program (FRP) for the lumbar spine, four sessions: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the total treatment duration for a chronic pain program or functional restoration program should generally not exceed 20 full day sessions. In this case, the applicant has already had twenty-four full day sessions, it has been suggested. Treatment duration in excess of twenty sessions requires a clear rationale for the extension and reasonable goals to be achieved. The Chronic Pain Medical Treatment Guidelines further states that one of the cardinal criteria for pursuit of functional restoration program is that the applicant exhibits the motivation to change and is willing to forego secondary gains, including disability payments, to effect said change. In this case, however, the applicant is off of work. The applicant has been deemed totally temporarily disabled. The applicant is trying to receive disability payments through various avenues, including worker's compensation and unemployment compensation. It appears, thus, that the applicant is intent on maximizing rather than minimizing disability benefits. Furthermore, the Chronic Pain Medical Treatment Guidelines also states that another criteria for pursuit of functional restoration program is that there is an clear absence of other options likely to result in significant clinical improvement. In this case, the attending provider has not clearly stated why further rehabilitation has to take place in the context of a functional restoration program. It has not been established why the applicant cannot continue rehabilitation via less intense levels of treatment. Therefore, the request for a final functional restoration program (FRP) for the lumbar spine, four sessions, is not medically necessary or appropriate.