

Case Number:	CM14-0049873		
Date Assigned:	07/07/2014	Date of Injury:	04/30/2012
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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, neck, and head pain reportedly associated with an industrial injury of April 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various interventional spine procedures; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for functional restoration program evaluation, approved an ophthalmology consultation, approved a medial branch block, and approved a greater occipital nerve block. The applicant's attorney subsequently appealed. On September 11, 2013, the applicant presented with 8-9/10 multifocal low back pain, ankle, chest pain, rib pain, and headaches. The applicant was status post earlier medial branch blocks, it was stated and noted only minimal pain relief. The applicant also reported issues with difficulty sleeping, it was noted. The applicant had a BMI of 31. The applicant was given prescriptions for Butrans and Tylenol. Referral to a pain psychologist, ophthalmologist, neuropsychologist, and lumbar radiofrequency ablation procedures were sought. The radiofrequency ablation procedures were apparently being sought despite the fact that the applicant's response to the medial branch blocks was reportedly poor. Prescriptions for Butrans and Tylenol were issued. The applicant was given work restrictions which were resulting in his removal from the workplace, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral for functional restoration program evaluation: Upheld

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

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain or functional restoration program is evidence that previous methods of treating pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. In this case, however, the attending provider's pursuit of numerous referrals, including ophthalmology referral, neuropsychology referral, and pursuit of neuropsychology referral, coupled with the request for a lumbar radiofrequency ablation procedure, all suggests that the attending provider does believe that further clinical improvement is possible through other means. Therefore, the proposed functional restoration program evaluation is not medically necessary.