

Case Number:	CM14-0201465		
Date Assigned:	12/11/2014	Date of Injury:	03/23/2012
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 March 23, 2012. In a Utilization Review Report dated November 7, 2014, the claims administrator partially approved a request for 160-hour functional restoration program as an 80-hour functional restoration program. The claims administrator stated that its decision was based on in part, on October 30, 2014 progress note. The claims administrator stated that the applicant previously attended a functional restoration program for an unspecified amount of time. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the attending provider appealed the previously denied functional restoration program. The attending provider stated that the applicant had completed 64 of 80 hours of treatment previously authorized through this point in time. The applicant was still using Flexeril, fenoprofen, Protonix, and Brintellix for a primary diagnosis of chronic low back pain, it was acknowledged. The attending provider stated that the applicant had a better outlook on life after having completed 64 hours of treatment over the preceding two weeks. The attending provider stated that the applicant's depression remained moderate intensity. The attending provider suggested that the applicant continue further treatment through the functional restoration program at issue. The attending provider stated that goals of further treatment would include performing home exercises and transitioning the applicant towards various other exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines Online

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

Decision rationale: As noted above, the request in question does represent a request for extension of the previously authorized or partially authorized functional restoration program. The applicant had been treated for two weeks prior to the request for additional functional restoration. The proposed 160-hour functional restoration program extension represents treatment in excess of the 20 full day total treatment duration endorsed on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for chronic pain program/functional restoration program. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the treatment not continue beyond two weeks without evidence of documented subjective and objective gains. Here, however, the applicant has seemingly failed to demonstrate a significantly favorable response to two weeks of earlier functional restoration program and treatment. The applicant remains significantly depressed. The applicant still remains dependent on a variety of analgesic and adjuvant medications, including Flexeril, Fenoprofen, Brinellix, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite previous treatment via the functional restoration program at issue. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for treatment via chronic pain program or functional restoration program is evidence that there is absence of other options likely to result in significant clinical improvement. Here, it appears that some of the applicant's lingering deficits after completion of two weeks of functional restoration include instruction in terms of performing home exercises and residual symptoms of depression. These symptoms of depression could be treated through less intensive needs, i.e., through counseling and/or through psychotropic medications. Similarly, the instruction in terms of home exercise could likewise proceed through less intensive means, i.e., through outpatient physical therapy. Therefore, the request for 160-hour functional restoration program is not medically necessary.