

Case Number:	CM14-0204026		
Date Assigned:	12/16/2014	Date of Injury:	03/27/2007
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 2007. In a utilization review report dated November 6, 2014, the claims administrator failed to approve a request for a 160-hour functional restoration program. The claims administrator noted that the applicant had had extensive prior treatment to include opioids, anxiolytics, psychotropic medications, topical compounds, physical therapy, and various interventional spine procedures of the lumbar spine. The claims administrator referenced an October 25, 2014 multidisciplinary evaluation. The claims administrator suggested (but did not clearly state) that the applicant was working and did not have a significant loss of ability to function associated with chronic pain. The applicant's attorney subsequently appealed. In a November 18, 2014 progress note, the applicant reported ongoing issues with depression. The applicant also reported issues with chronic pain. It was stated that the applicant had some elements of limited functionality and difficulties at work with restrictions. In an October 22, 2014 progress note, the applicant stated that lifting was a problematic activity and that she did not feel she could return to regular-duty work. The applicant was status post epidural steroid injection therapy and a sacroiliac joint injection, it was acknowledged. The applicant's medication list included morphine, Protonix, a ketamine-containing compound, Cymbalta, diclofenac, and a doxepin-containing cream. The applicant apparently had urine drug testing which was positive for both opioids and marijuana. A 5-pound lifting limitation was endorsed. It was stated that the applicant was working in a hotel laundry room and was tolerating the same quite well. The functional restoration program was apparently endorsed. In a November 6, 2014 appeal letter, the treating provider contented that the applicant was a good candidate for a functional restoration program. In an October 25, 2014 psychological evaluation, the applicant's psychologist stated that the applicant had a variety of issues with

chronic pain and could benefit from a functional restoration program to fully engage with her work, family, and community.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of functional restoration program: 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 Page(s): 32.

Decision rationale: 1. No, the proposed 160-hour 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 to a functional restoration program includes evidence that an applicant has a significant loss of ability to function arising from the chronic pain. Here, however, the applicant has returned to modified-duty work in a hotel laundry room. It does not appear that the applicant has a significant loss of ability to function associated with her chronic pain complaints. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another criteria for pursuit of a chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the applicant's primary issues appear to be mental health in nature. It has not been clearly established why the applicant cannot continue her rehabilitation through psychotropic medications, outpatient office visits, and psychological counseling. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, the 160-hour functional restoration program contains no proviso to reevaluate the applicant in the midst of treatment and, thus, does not conform to MTUS parameters. Therefore, the request is not medically necessary.