

Case Number:	CM14-0206509		
Date Assigned:	12/19/2014	Date of Injury:	08/11/1999
Decision Date:	02/17/2015	UR Denial Date:	11/16/2014
Priority:	Standard	Application Received:	12/10/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, and chronic low back pain reportedly associated with an industrial injury of August 11, 1999. In a Utilization Review Report dated November 16, 2014, the claims administrator partially approved a request for a 20-day functional restoration program with six-monthly follow-up visits as a 10-day functional restoration program. A September 20, 2014 RFA form was referenced in the determination, along with an August 28, 2014 behavioral health evaluation. The applicant's attorney subsequently appealed. In a later note dated December 16, 2014, the applicant reported ongoing complaints of low back pain. The applicant had completed 10 sessions of functional restoration. The applicant was still using Norco. 5/10 pain was noted. Norco, Ambien, and Zanaflex were endorsed. The applicant's work status was not stated. The applicant had undergone earlier carpal tunnel release surgery and earlier lumbar laminectomy surgery, it was acknowledged. In an August 28, 2014 behavioral health evaluation, the applicant reported ongoing issues with chronic low back pain with derivative complaints of anxiety and depression. The applicant was working 15 hours a week. The applicant had financial stressors as a result of the same. The applicant was on Klonopin, Flexeril, Ambien, and Norco. The applicant apparently had had a lot of issues with chemical dependency within her family. The applicant stated that she had stopped drinking some five months prior. The applicant was given diagnosis of adjustment disorder with both anxiety symptoms and depressive symptoms. The applicant had two children, aged 43 and 46. The applicant was living in a senior living facility. The applicant was working as an assistant apartment manager, it was stated. The attending provider stated that applicant would benefit from cognitive behavioral therapy, biobehavioral therapy, and group therapy, all of which could take place through the proposed functional

restoration program. The only psychotropic medications the applicant seemed to be taking, however, was Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program times 20 days plus 6 monthly follow ups (1x26): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration program).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, 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, treatment via the proposed functional restoration program is not recommended for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, the request for a functional restoration program to include 20 days followed by six-monthly follow-up visits, by definition, represents treatment in excess of MTUS parameters as it does not contain any proviso to re-evaluate the applicant after two weeks to ensure efficacy with the same. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, notes that one of the cardinal criteria for pursuit of a functional restoration program includes 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. The applicant had a variety of issues with depression and anxiety evident on the August 28, 2014 evaluation, referenced above. These depressive symptoms appear to have been suboptimally treated outside of the functional restoration program. The applicant was only using one psychotropic medication, Klonopin, on August 28, 2014, an agent which, per ACOEM Chapter 15, page 402, is not recommended other than for brief periods. It does not appear that all possible treatment options had been exhausted before the functional restoration program at issue was considered. Therefore, the request was not medically necessary.