

Case Number:	CM15-0005575		
Date Assigned:	01/26/2015	Date of Injury:	09/03/2009
Decision Date:	03/26/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reportedly associated with an industrial injury of September 3, 2009. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve a request for 10 additional days or 50 hours of a functional restoration program. The claims administrator noted that the applicant had undergone earlier cervical and lumbar fusion surgery. The claims administrator stated that the applicant had participated in a functional restoration program without clear documentation or demonstration of improvement. The claims administrator referenced a team conference report of December 5, 2014 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated January 5, 2015, the treating provider suggested that the applicant had diminished usage of Norco from a rate of six tablets daily to a rate of five tablets daily. The applicant was apparently continuing tizanidine and Flexeril. It was stated that the applicant had demonstrated some improvement from a mood standpoint. The applicant's lifting capacity was purportedly improved. In a December 15, 2014 team conference report, the applicant had reportedly completed three sessions of functional restoration. It was again stated that the goal of the functional restoration program was to diminish the applicant's consumption of Norco from a rate of six tablets a day to a rate of five tablets per day. The applicant was asked to continue Flexeril. Tizanidine was requested. The applicant was asked to continue with the functional restoration program. It was stated that some of the goals for functional restoration program was to augment the applicant's mood. The applicant apparently received various physical interventions, including yoga and tai chi. The

applicant had ongoing complaints of neck and low back pain, it was acknowledged. The applicant's current medication list included Norco, Nucynta, Flexeril, Celebrex, Ativan, Zoloft, Catapres, and various dietary supplements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration Program 10 Days/50 Hours: 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 (functional restoration programs) Page(s): Chronic Pain Medical Treatment.

Decision rationale: 1. No, the proposed 10 additional days of functional restoration program are not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 applicant has received at least three weeks of treatment via the functional restoration program at issue and has failed to demonstrate any material or meaningful evidence of improvement with the same. The applicant was/is off of work. The applicant remains dependent on a variety of opioid agents, including Norco and Nucynta. The applicant's reported reduction in consumption of Norco from a rate of six tablets a day to five tablets a day following completion of three weeks of the functional restoration program does not, in and of itself, constitute evidence of a meaningful, material, and/or significant benefit in terms of the functional improvement measures established in MTUS 9792.20f, despite completion of three prior weeks of the functional restoration program at issue. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that one of the cardinal criteria for pursuit of a chronic pain program or functional restoration program is evidence that previous means of treating chronic pain have proven unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. Here, the applicant's mental health issues appear to be suboptimally treated. The applicant does not appear to have received any antidepressant medications, despite having significant mental health symptoms. Additional treatment via the functional restoration program is not, thus, indicated here, both on the grounds that (a) earlier treatment via the functional restoration program was unsuccessful and (b) there are other options, including psychotropic medications, which could potentially be of benefit here. Therefore, the request was not medically necessary.