

<b>Case Number:</b>	CM15-0009192		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 38-year-old who has filed a claim for chronic neck pain, low back pain, hip pain, groin pain, posttraumatic headaches, and major depressive disorder reportedly associated with an industrial injury of December 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; TENS unit; and various interventional spine procedures, including sacroiliac joint injections. In a Utilization Review Report dated January 9, 2015, the claims administrator denied a request for consultation prior to a functional restoration program and also denied a 'facility-inpatient.' The claims administrator referenced a December 10, 2014 progress note in its determination. The claims administrator contended that the applicant had too many negative predictors of success which the treating provider failed to consider in his decision to endorse the functional restoration program. Lumbar MRI imaging of October 8, 2014 was apparently largely negative. In a November 12, 2014 progress note, the applicant reported ongoing issues with low back pain radiating into the right leg, exacerbated by sitting and standing. The applicant was apparently pending a psychological evaluation. The attending provider acknowledged that the applicant had essentially plateaued. The applicant was not working, it was acknowledged. Vocational rehabilitation was endorsed. The attending provider then stated, somewhat incongruously, that the applicant was 'permanently disabled.' In an RFA form dated December 3, 2014, the attending provider sought authorization for a functional restoration program evaluation and associated facility fee. The progress note was largely templated. The attending provider did seemingly state in a separate letter dated December 3, 2014 that he believed the applicant required an

inpatient residential program while acknowledging that managing the applicant's chronic pain and depressive issues was outside of his scope of expertise. In a September 4, 2014 progress note, the attending provider suggested that the applicant increase his dosage of Cymbalta. The attending provider suggested that the applicant's mental health issues were sub-optimally controlled. On October 1, 2014, the applicant had apparently discontinued Cymbalta owing to heightened issues with mood disturbance. The applicant was again placed off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation** ██████████ **Program Evaluation and Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain section; Chronic Pain Programs topic. Page(s): 6; 32.

**Decision rationale:** No, the proposed functional restoration program consultation/evaluation is not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, the applicant was/is off of work, on total temporary disability. The requesting provider suggested that the applicant was permanently and totally disabled. It did not appear, based on the treating provider's description of events, that the applicant was, in fact, willing to make to make the effort to tray and improve. It did not appear that the applicant was willing to forego disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the cardinal criteria for pursuit of a chronic pain program/functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the requesting provider has acknowledged that the applicant's mental health issues are sub-optimally controlled as the applicant was consistently described as having issues with depression and mood disturbance on office visits of late 2014, referenced above. The attending provider also acknowledged that the applicant had discontinued Cymbalta, an antidepressant medication, for unknown reasons. It does not appear, thus, that the applicant's psychotropic medication management was optimized prior to consideration of the functional restoration program evaluation/consultation. Therefore, the request is not medically necessary.

**Facility - Inpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Similarly, the request for a facility-inpatient was likewise not medically necessary, medically appropriate, or indicated here. This appears to represent a derivative or companion request, one which accompanies the primary request for a functional restoration program consultation, evaluation, and/or treatment. While page 32 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that inpatient rehabilitation programs may be appropriate for applicants who do not have the minimal functional capacity for effective participation in an outpatient program, have medical conditions which require more intense oversight, are receiving large amounts of medications necessitating medication weaning or detoxification, and/or have complex medical or psychological diagnoses that would benefit from more intense observation, in this case, however, the attending provider did not clearly outline what applicant-specific factors were present which would compel an inpatient program and/or associated inpatient facility fee. Furthermore, since the consultation program evaluation and treatment was deemed not medically necessary above, in question #1, the derivative inpatient facility request is likewise not medically necessary.