

Case Number:	CM15-0131358		
Date Assigned:	07/17/2015	Date of Injury:	06/01/2012
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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, New York, 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 65-year-old who has filed a claim for chronic pain syndrome reportedly associated with cumulative trauma at work first claimed on June 1, 2012. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for 10 additional sessions of treatment via a functional restoration program. The claims administrator referenced an RFA form received on June 19, 2015 in its determination. The claims administrator noted that the applicant's primary pain generator was the low back. The claims administrator stated that the applicant could potentially be a candidate for lumbar spine surgery and also contended that the applicant had failed to profit from 10 prior treatments via the functional restoration program in question. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of chronic pain, depression, and anxiety. Low back pain, mid back pain, tinnitus, stress, anxiety, and depression were all reported. A functional restoration program evaluation was sought while the applicant was kept off of work. In an appeal letter dated June 30, 2015, the attending provider appealed the previously denied days 11 through 20 of the functional restoration program. The attending provider stated that the applicant was not a candidate for surgical intervention. The attending provider posited that the applicant's ability to transfer from sitting to standing positions and bend had been ameliorated as a result of the previous 10 days of treatment. The attending provider stated that the applicant was not seemingly a surgical candidate here. The applicant's work status was not outlined, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 10 days/ 50 hrs, as an outpatient for Chronic Pain Syndrome related to Lumbar and Bilateral Leg Injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs) Page(s): 25, 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs) Page(s): 49; 32.

Decision rationale: No, the request for 10 additional days of treatment via the functional restoration program in question was not medically necessary, medically appropriate, or indicated here. As noted on page 49 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 appeal letter of June 30, 2015 did not outline evidence of meaningful, material, or substantive benefit effected as a result of 10 prior days of treatment via the functional restoration program. The applicant's work status was not outlined. It did not appear that the applicant had returned to work, however. The attending provider's commentary to the effect that the applicant's ability to transfer, sit, stand, and bend have been ameliorated as a result of 10 prior days of treatment via the functional restoration program does not, in and of itself, constitute evidence of functional improvement as defined in MTUS 9792.20e needed to justify continuation of treatment. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criteria for pursuit of a functional restoration program or chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider did not clearly state why the applicant needed to continue his rehabilitation via a functional restoration program as opposed to via less intensive means, such as conventional outpatient office visits, home exercises, etc. Therefore, the request was not medically necessary.