

Case Number:	CM15-0139697		
Date Assigned:	07/29/2015	Date of Injury:	06/03/2011
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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 66-year-old who has filed a claim for chronic neck, low back, shoulder, and hip pain reportedly associated with an industrial injury of June 3, 2011. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for a 10-day functional restoration program totaling 50 hours with an associated multidisciplinary evaluation. The claims administrator referenced an RFA form of July 6, 2015 and associated progress notes of that date and of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medication evidence log, it is incidentally noted, suggested that the most recent note on file was in fact dated June 8, 2015. On said June 8, 2015 office visit, the applicant underwent a comprehensive multidisciplinary pain management evaluation. The applicant underwent psychological evaluation and a physical therapy functional assessment, it was suggested. The applicant had undergone 40-plus sessions of physical therapy, it was reported. The applicant had issues with neck pain, back pain, shoulder pain, and tremors imputed to parkinsonism. The applicant's ability to enjoy hobbies was significantly diminished it was reported. The applicant was not working, it was also suggested. It was suggested that the applicant was not a candidate for any kind of spine surgery. The applicant's medications included Norco, Motrin, Prilosec, and Sinemet (carbidopa- levodopa). The evaluator suggested that the applicant pursue a functional restoration program. The applicant exhibited difficulty lifting and carrying activities owing to issues with tremors and postural instability. The evaluator somewhat incongruously referred to the applicant as her: in some sections of the note. It was suggested that the goals of the program were to facilitate

performance of a home exercise program and relaxation breathing. It was stated that the applicant was motivated to volunteer. It was suggested that the applicant remained symptomatic and was therefore in need of the program in question. It was suggested that the applicant had been declared permanent and stationary by an Agreed Medical Evaluator on July 17, 2013. On May 18, 2015; the applicant's neurologist contended that the applicant's Parkinsonism had developed shortly after the injury and had grown progressively worse since that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) days of Functional Restoration Program (50 hours) with multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): 6; 30-32.

Decision rationale: No, the request for a 10-day functional restoration program with associated multidisciplinary evaluation was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely any treatment, including the functional restoration program at issue, will be effective. Here, the applicant was over 4 years removed from the date of injury, June 3, 2011, as of the date of the request, June 8, 2015. The attending provider did not outline why or how a functional restoration program would serve to ameliorate the applicant's functionality so many years removed from the date of injury, so many years removed from the applicant having been diagnosed with parkinsonism, and several years removed from the date the applicant last worked. While page 30 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend chronic pain programs and functional restoration programs in applicants where there is access to programs with proven successful outcomes, here, however, the attending provider did not recount the success rate of this particular program. It was not clearly stated how the applicant could necessarily profit from program when the bulk of his issues seemingly stemmed from Parkinsonism (as opposed to chronic pain). Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also states that one of the cardinal criteria for pursuit of functional restoration program is absence of other options likely to result in significant clinical improvement. Here, the functional restoration program evaluator reported on June 8, 2015 that one of the primary goals for the functional restoration program was to facilitate the applicant being "independent in a home exercise program." It was not clearly stated why a more conventional means of transitioning individuals to home exercise programs, such as conventional physical therapy, outpatient office visits, etc., could not be employed here. Therefore, the request was not medically necessary.