

Case Number:	CM15-0141342		
Date Assigned:	07/31/2015	Date of Injury:	05/04/2010
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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 [REDACTED] beneficiary who has filed a claim for chronic upper back, mid back, low back, neck, and wrist pain reportedly associated with an industrial injury of May 4, 2010. In a Utilization Review Report dated July 13, 2015, the claims administrator failed to approve a request for 10 functional restoration program visits. The claims administrator referenced a June 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated May 20, 2015, the applicant reported 0/10 pain complaints, it was reported in one section of the note. The applicant was given diagnoses of low back pain, thoracic radiculitis, meniscal derangement, neck pain, cervical radiculopathy, and diabetes mellitus, it was reported in another section of the note. The applicant was not working, it was emphasized. Overall commentary was sparse. On June 15, 2015, the applicant reported 4-5/10 multifocal pain complaints, centered about the low back. The applicant was not working, it was acknowledged. Unspecified medications were prescribed and/or dispensed. In an RFA form dated June 22, 2015, a functional restoration program was sought, seemingly without much supporting rationale or narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Functional Restoration Program visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: No, the request for 10 functional restoration program visits 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 treatment, including a comprehensive functional restoration program, will be effective. Here, the applicant was some five years removed from the date of injury, May 4, 2010, as of the date of the request, June 22, 2015. It was not clearly stated or clearly established how the applicant could stand to gain from the proposed functional restoration program this far removed from the date of injury. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who prepare to make the effort to try and improve. Here, however, there was no mention of the applicant's willingness to make an effort to try and improve either on the June 22, 2015 RFA form or on the June 15, 2015 progress note at issue. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a cardinal criteria for pursuit of a functional restoration program or chronic pain program is evidence that an applicant is motivated to change and willing to forgo secondary gains, including disability benefits, in an effort to effect that change. Here, however, there was no mention of the applicant's willingness to try and improve and/or the applicant's willingness to forgo disability benefits in an effort to do so. Little to no rationale accompanied the request for authorization. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criteria for pursuit of a chronic pain program or functional restoration program is evidence that an applicant has undergone an adequate and a thorough precursor evaluation. Here, it did not appear; however, the applicant had undergone a precursor evaluation prior to the request for a functional restoration program being initiated on June 22, 2015. Therefore, the request was not medically necessary.