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| Case Number: | CM15-0145604 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 12/15/1995 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 15, 1995. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for six follow-up visits over six months. The six follow-up visits apparently represented follow-up visits following a previously approved functional restoration program. The claims administrator did approve a 10-day functional restoration program through said UR report, it was reported. An RFA form dated June 18, 2015 was referenced in the determination. On April 10, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 3 to 7/10. The applicant was using Norco at a rate of 8 tablets a day, it was reported. The applicant was living alone and has historical issues with drug abuse. The applicant had undergone two failed lumbar spine surgeries, it was reported. The applicant developed derivative complaints of depression and anxiety. A functional restoration program was sought with associated follow-up visits. The attending provider then stated that he believed that the applicant usage of Norco was in-line with MTUS parameters. The claims administrator's medical evidence log suggested that the April 10, 2015 progress note in fact represented the sole note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 follow up sessions over a 6 month period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Psychological treatment.

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

Decision rationale: No, the request for six follow-up visits over six months was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for an extension of a previously approved functional restoration program (FRP). The request was initiated on or around the same date. The treating provider sought authorization for the initial functional restoration program. However, page 49 of the MTUS Chronic Pain Medical Treatment Guideline notes that the treatment is not suggested via a functional restoration program for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, thus, the request for six follow-up visits at the outset, without a proviso to reevaluate the applicant after the initial 10-day functional restoration program, thus, was/is at odds with parameters set forth on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines. While it is acknowledged that the June 2015 progress note which the claims administrator based its decision upon was not incorporated into the IMR packet, the historical note on file of April 10, 2015 did not make a clear or compelling case for the request in face of the MTUS injunction against continuation of a functional restoration program beyond two weeks without evidence of documented subjective and objective gains. Therefore, the request was not medically necessary.