

Case Number:	CM15-0147311		
Date Assigned:	08/10/2015	Date of Injury:	04/09/2012
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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 represented a 35-year-old who has filed a claim for chronic shoulder, ankle, and myofascial pain syndrome reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve request for a functional restoration program. The claims administrator referenced an RFA form received on June 26, 2015, in its determination. A June 17, 2015 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. On May 1, 2014, the applicant reported ongoing complaints of ankle pain and myofascial pain syndrome. The applicant was asked continue Mobic and Xanax. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was asked to pursue acupuncture and a functional restoration program evaluation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On October 7, 2014, the attending provider renewed a rather proscriptive 10-pound lifting limitation reportedly imposed by a medical-legal evaluator. The applicant was consulting a psychologist for ongoing issues with pain, anxiety, and resulting disability. The applicant was on Norco, Flexeril, Xanax, and Ambien, it was reported. The remainder of the file and the claims administrator's medical evidence log were surveyed; it did not appear that the June 17, 2015 progress note and associated RFA form which the claims administrator based its decision upon were incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP): Upheld

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

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

Decision rationale: No, the proposed functional restoration program of unspecified duration was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of chronic pain program and function restoration program is evidence that an applicant exhibits the motivational change and is willing to forgo secondary gains, including disability payments, in an effort to said change. Here, however, the admittedly limited information on file did not explicitly state (or implicitly suggest) that the applicant will be willing forego disability benefits, in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that 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, thus, the request for open-ended treatment via the functional restoration program in question was at odds with the injunction on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines to avoid treatment beyond two weeks without evidence of subjective and objective gains. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the longer an applicant suffers from chronic pain, the less likely any treatment, including a comprehensive functional restoration program, will be effective. Here, the applicant was over three years removed from the date of injury as of the date of the request, June 17, 2015. While it is acknowledged that the attending provider's June 17, 2015 progress note was not seemingly incorporated into the IMR packet, the historical information on file did not clearly establish how treatment via the functional restoration program in question could be beneficial at this late stage in the course of the claim. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an applicant undergo an adequate and thorough precursor evaluation prior to enrollment in a functional restoration program. Here, however, the documentation provided made no mention of the applicant's having undergone a precursor evaluation. Therefore, the request was not medically necessary.