

Case Number:	CM15-0164065		
Date Assigned:	09/09/2015	Date of Injury:	06/11/2013
Decision Date:	10/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/20/2015

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 35-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 11, 2013. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for a 10-day functional restoration program. The claims administrator referenced a June 3, 2015 functional restoration program evaluation. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of low back, knee, and hip pain. A functional restoration program was endorsed. The treating provider contended that the applicant had had a functional restoration program evaluation and was reportedly a good candidate for the same. The note was thinly developed. The attending provider did not detail the applicant's work status but did note that he was a founder of the functional restoration program center in question. On August 26, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. Ongoing complaints of low back and knee pain were reported. The attending provider stated that requests for a functional restoration program and an epidural steroid injection had been denied. The attending provider did not explicitly state whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case. Electrodiagnostic testing of August 24, 2015 was notable for a left S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x2 weeks (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: No, the proposed 10-day functional restoration program 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 remains out of work, the less likely he or she is to return. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant suffers from chronic pain, the less likely any treatment including comprehensive multidisciplinary function restoration program, will be effective. Here, the attending provider's progress notes of June 3, 2015 and August 26, 2015 were thinly and sparsely developed and did not outline how (or if) a functional restoration program could prove beneficial as of the relatively late stage in the course of the claim, i.e., over two years removed from the date of injury. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the cardinal criteria for pursuit of a functional restoration program is evidence that an applicant exhibits a motivation to change and is willing to forgo secondary gains, including disability payments, in an effort to effect said change. Here, however, there was no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to effect said change. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another primary criteria for pursuit of functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider did not outline why (or if) the functional restoration program in question represented the only means of treating the applicant's chronic pain issues. The attending provider did not clearly state why a more conventional means of treatment, such as conventional outpatient office visits, physical therapy, home exercises, etc., were/are insufficient. Finally, page 30 of the MTUS Chronic Pain Medical Treatment Guidelines notes that a chronic pain program/functional restoration program is recommended only where there is access to programs with proven successful outcomes. Here, the attending provider did not outline the effectiveness rate of his particular program. The request, thus, as written, was at odds with pages 6, 30 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.