MAXIMUS Federal Services

Case Number:	CM15-0167359		
Date Assigned:	09/09/2015	Date of Injury:	08/25/2014
Decision Date:	10/14/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/25/2015

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] ([redacted]) beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 25, 2014. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. The claims administrator referenced an August 4, 2015 letter and a July 21, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of mid and low back pain with radiation of pain to the left leg, 7-8/10. The applicant had a pending general surgery evaluation and a functional restoration program evaluation, it was reported. The applicant also had issues with psychogenic pain syndrome and depression, it was reported. A psychological evaluation and functional restoration program evaluation were sought because a medical-legal evaluator had endorsed the same. Naprosyn, Flexeril, Neurontin, Paxil, and Protonix were endorsed. The applicant was given a rather proscriptive 25-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. In an August 4, 2015 appeal letter, the treating provider contended that the applicant needed a general surgery consultation to evaluate ongoing issues with inguinal pain. It was not explicitly stated whether the applicant did or did not have a hernia. A medical-legal evaluator reported on July 25, 2015 that the applicant was off of work and had not worked since August 25, 2014 owing to 'intolerable' pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: 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 functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a functional restoration program should be considered in applicants who are prepared to make the effort to try and improve, here, however, the applicant was off of work, on total temporary disability, a medical-legal evaluator reported on July 25, 2015. There was no mention of the applicant's willingness to forgo secondary gains, including disability and/or indemnity benefits, in an effort to try to improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the primary criteria for pursuit of a chronic pain program or functional restoration program is evidence that an applicant is not a candidate for surgery or other treatments, which would clearly be warranted to improve pain and/or function. Here, the applicant had a pending general surgery evaluation, it was reported above. If, for instance, the applicant's general surgeon opined that the applicant was in fact a candidate for a herniorrhaphy procedure, this would likely obviate the need for the proposed functional restoration program evaluation. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another primary criterion for pursuit of a functional restoration program or chronic pain program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvements. Here, again, the treating provider did not outline why a more conventional means of treating the applicant's chronic pain, including outpatient office visits, physical therapy, home exercise, etc., were not viable options here. Therefore, the request was not medically necessary.