

Case Number:	CM15-0184255		
Date Assigned:	09/24/2015	Date of Injury:	12/13/2003
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 13, 2003. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for continuation of functional restoration program. The claims administrator partially approved the functional restoration program with four sessions of physical therapy and two sessions of massage therapy. An August 15, 2015 progress note and September 3, 2015 appeal letter were referenced in the determination. On an RFA form dated September 25, 2015, the attending provider reiterated his request for continuation of the functional restoration program. On August 27, 2015, the applicant reported ongoing complaints of low back, hip, and myofascial pain status post earlier failed lumbar laminectomy surgery. The applicant had apparently received four weeks of treatment via the functional restoration program in question. The attending provider stated that the functional restoration program was ameliorating the applicant's issues with chronic pain, but stated that the applicant was still struggling with same and struggling with depression, anxiety, and insomnia. The request for additional treatment was highly templated. Another 36 hours of treatment were proposed. The attending provider stated that the applicant was receiving the program on a part-time basis. It was suggested, however, the applicant was not, in fact, working. The applicant's medication list was not, however, seemingly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 continue functional restoration program with core program for total of 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Psychotherapy for MDD; ODG Pain.

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

Decision rationale: No, the request for continuation of functional restoration program for a total of 48 additional hours was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, while the treating provider outlined various subjective improvements reportedly effected as a result of previous treatment via the functional restoration program, the treating provider failed to outline substantive, meaningful, and/or material improvements in function in terms of functional improvement measures established in MTUS 9792.20e with the functional restoration program in question. The applicant's work status and medication list were not clearly detailed or characterized on either the RFA form of September 25, 2015 or on the progress note of August 27, 2015. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that some of the primary criteria for pursuit of a functional restoration program or chronic pain program include 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 improvement. Here, it was not clearly stated why the applicant could not continue rehabilitation through conventional outpatient office visits, psychological counseling, psychotropic medications, i.e., other less intensive means. Therefore, the request was not medically necessary.