

Case Number:	CM15-0186106		
Date Assigned:	09/28/2015	Date of Injury:	11/09/2010
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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 49-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 9, 2010. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for a functional restoration aftercare program. The claims administrator referenced an RFA form received on August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an appeal letter dated September 18, 2015, the treating provider appealed the previously denied functional restoration program. The treating provider issued a highly templated 13-page appeal letter. The treating provider contended that the applicant could profit from further treatment via the functional restoration aftercare program. The treating provider contended that the six prior weeks of treatment through the functional restoration program had augmented the applicant's ability to cope with his pain complaints. On a separate appeal letter dated September 18, 2015, it was acknowledged that the applicant was still on Norco, Viagra, Norflex, and Nexium. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, chronic Chapter.

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

Decision rationale: No, the request for a functional restoration aftercare program x 6 was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, 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, however, the applicant's work status was not clearly reported on September 18, 2015. It did not appear, however, the applicant was working with permanent limitations in place. Permanent work restrictions were renewed, unchanged from previous visits on that date. The applicant remained dependent on opioid agents such as Norco, it was acknowledged. It did not appear, in short, that the applicant had profited appreciably in terms of the functional improvement measures as established in MTUS 9792.20e via the functional restoration program in question. Therefore, the request for six additional sessions was not medically necessary.