

Case Number:	CM15-0193796		
Date Assigned:	10/07/2015	Date of Injury:	05/08/2012
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of May 8, 2012. In a utilization review report dated September 18, 2015, the claims administrator failed to approve a request for an additional two weeks of treatment via a functional restoration program. The claims administrator referenced an RFA form received on September 11, 2015 and an associated functional restoration program summary of the same date in its determination. The claims administrator contended the applicant had already received three weeks of treatment via the functional restoration program in question through the date of the request and, moreover, seemingly contended that the applicant had failed to profit from the same. On October 1, 2015, it was acknowledged that the applicant remained off of work, on total temporary disability. The applicant was on Norco, Norvasc, tramadol, Lyrica, Zestril, and Flexeril, it was reported on that date. The attending provider apparently suggested the applicant follow up with a functional restoration program. The applicant was not working, it was reported, and was still smoking. On August 14, 2015, the treating provider acknowledged that the applicant would continue his pain psychology sessions and also attempt to pursue a functional restoration program beginning August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of Functional Restoration Program 10 days, 6 hours: Upheld

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

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 an additional two weeks of treatment via a functional restoration program 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 remained off of work, on total temporary disability, as of October 1, 2015, i.e., after receipt of three weeks of treatment via the functional restoration program at issue. The applicant remained dependent on opioid agents such as Norco and tramadol, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of three previous weeks of treatment via the functional restoration program in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that one of the primary criteria for pursuit of a functional restoration program for chronic pain was evidence that previous methods of treating chronic pain have proven unsuccessful and if there is absence of other options likely to result in significant clinical improvement. Here, however, the treating provider did not clearly establish why the applicant could not continue his rehabilitation through more conventional means, such as conventional outpatient office visits, psychological counseling, etc. Therefore, the request was not medically necessary.