

Case Number:	CM15-0201279		
Date Assigned:	10/16/2015	Date of Injury:	07/28/2003
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 28, 2003. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 30, 2015 office visit, the applicant reported ongoing issues with chronic low back pain. The applicant was visibly tearful. The applicant reported difficulty performing activities as basic as showering himself, toileting himself, performing meal preparation, and putting on his shoes and socks. The applicant was described as having significantly deteriorated. The applicant's medications included Nucynta, Lyrica, and Norco, it was reported. The applicant was using a cane to move about, it was reported. A multidisciplinary functional restoration program evaluation was sought. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On September 9, 2015, it was acknowledged the applicant was off of work, no longer working with permanent limitations in place, and was, in fact, "QIW" or qualified injured worker.

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, Section(s): Functional restoration programs (FRPs).

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

Decision rationale: No, the request for a functional restoration program evaluation 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 suffers from chronic pain, the less likely any treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Here, the attending provider did not clearly outline how the applicant would potentially profit from said functional restoration program over 12 years removed from the date of injury as of the date of the request, particularly in light of the MTUS position that the duration of chronic pain correlates adversely with an applicant's ability to profit from said functional restoration program or chronic pain program. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission in said functional restoration program should be considered in applicants who are prepared to make the effort and try and improve, here, however, there was no mention of the applicant's willingness to make the effort to try and improve. There was no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the primary criteria for pursuit of functional restoration program for chronic pain 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 improvement. Here, the attending provider did not, however, clearly outline why conventional means of treating the applicants who are in pain, such as conventional outpatient office visits, analgesic medications, etc., could not be employed here. Therefore, the request was not medically necessary.