

Case Number:	CM15-0029111		
Date Assigned:	02/23/2015	Date of Injury:	12/07/2013
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 58-year-old [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 7, 2013. In a Utilization Review Report dated January 30, 2015, the claims administrator partially approved a request for a 96-hour functional restoration program as a 64-hour functional restoration program. An RFA form of January 23, 2015 and a progress note of December 16, 2014 were referenced in the determination. It was suggested that the applicant had already completed two weeks of functional restoration program as of the date of the request for an extension of treatment. The applicant's attorney nevertheless appealed. In a summary report, not clearly dated, seemingly received on February 20, 2015, the applicant was described as having ongoing complaints of neck, shoulder, and low back pain. The applicant reportedly completed five weeks of his functional restoration program. A gym membership and functional capacity evaluation were endorsed. The applicant was still using Ultracet, Neurontin, ketoprofen, and Senna. 5/10 pain complaints were noted. The applicant's work status was not outlined, although it did not appear that the applicant was working. On February 11, 2015, the attending provider sought authorization for 32 additional hours of a functional restoration program, stating that ODG supports up to 160 hours and that his request did not exceed ODG parameters. There was no discussion of the applicant's response to earlier treatment, however. The applicant was described in a progress note of the same date as having failed to return to work. The applicant was still using Ultracet, Neurontin, ketoprofen, and Senna. Additional treatment via the functional restoration program was proposed. On February 4, 2015, Neurontin, Motrin, tramadol, and

ThermaCare heat wraps were endorsed. On January 23, 2015, the attending provider sought authorization for 96 hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Functional Restoration Program x 96 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

Decision rationale: The request for a continued functional restoration program of 96 hours duration was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program or chronic pain program is not supported for greater than two weeks without evidence of documented subjective and objective gains. Here, however, the attending provider failed to outline any meaningful or material improvements in function affected as a result of extensive prior treatments through the functional restoration program/chronic pain program at issue. The applicant remained off of work. The applicant continued to employ a variety of analgesic and adjuvant medications, including Ultracet, oral Ketoprofen, Neurontin, Senna, Tramadol, Motrin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior treatment via the functional restoration program at issue. Therefore, the request for continued functional restoration program x 96 hours was not medically necessary.