

Case Number:	CM15-0029214		
Date Assigned:	02/23/2015	Date of Injury:	07/30/2007
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
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 43-year-old who has filed a claim for chronic low back, mid back, shoulder, elbow, wrist, hand, knee and ankle pain reportedly associated with an industrial injury of July 30, 2007. In a Utilization Review Report dated February 10, 2015, the claims administrator denied a request for 10 days of functional restoration program. The request was initially via an RFA form dated January 27, 2015, it was acknowledged. The claims administrator stated that the applicant had completed four days of program without any significant benefit. The applicant's attorney subsequently appealed. On March 5, 2015, it was stated that the applicant had already completed 28 days or 140 hours of treatment via a functional restoration program. Ongoing complains of low back and shoulder pain was nevertheless reported. The applicant was still using Neurontin and tramadol. The applicant was placed off of work, on total temporary disability, the treating provider acknowledged. Further treatment via the functional restoration program was proposed. The applicant was placed off of work via multiple earlier notes, both before and after the functional restoration program, including on January 23 and January 15, 2015. On January 15, 2015, the applicant was apparently evaluated prior to the functional restoration program. The applicant was placed off of work, on total temporary disability, while tramadol and Neurontin were renewed. Multifocal pain complaints were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 31-32.

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

Decision rationale: No, the request for 10 days of treatment via the functional restoration program was not medically necessary, medically appropriate, or indicated here. The request in question did represent a renewal request for treatment via the functional restoration program. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via functional restoration program is not suggestive for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, the applicant had failed to return to work. The applicant remained off of work, on total temporary disability, despite having ultimately received seven weeks of treatment via the functional restoration program in question. The applicant remained dependent on opioid agents such as tramadol and non-opioid agent such as Neurontin. The applicant, in short, failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20f, despite extensive treatment through the functional restoration program at issue. Therefore, the request was not medically necessary.