

Case Number:	CM15-0210996		
Date Assigned:	10/29/2015	Date of Injury:	06/18/2009
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/27/2015

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 41-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of June 18, 2009. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for an initial evaluation for a functional restoration program. The claims administrator referenced a September 25, 2015 office visit and an associated October 5, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an October 20, 2015 appeal letter, the attending provider noted that the applicant was receiving Social Security Disability Insurance (SSDI) benefits owing to ongoing complaints of neck and low back pain. The attending provider contended that the applicant had failed a variety of other treatments and suggested that the applicant pursue a functional restoration program. The attending provider stated that one of the goals of the program was to improve the applicant's ability to perform household chores and other unspecified activities of daily living. On September 25, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, the treating provider acknowledged, in addition to Workers' Compensation indemnity benefits, the treating provider reported. The attending provider contended that the applicant would like to return to work but did not elaborate further. The applicant was using naproxen, ketamine cream, and a capsaicin cream. A functional restoration program evaluation was sought while the applicant's permanent limitations were renewed. An earlier note dated January 26, 2015 was notable for commentary to the effect

that the applicant had undergone an earlier failed cervical spine surgery. Permanent work restrictions were, once again, renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial eval for functional restoration program: 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 an initial evaluation for a functional restoration program 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 remains out of work, the less likely it is that he or she will return. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant suffers from chronic pain, the less likely any treatment, including a comprehensive functional restoration program, will be effective. Here, the attending provider failed to outline how, why, and/or if a functional restoration program could in fact prove successful here, i.e., over 6 years removed from the date of the injury as of the request, September 25, 2015. It was not clearly stated or clearly established how (or if) the applicant could stand to gain from the functional restoration program and associated evaluation at issue. While the attending provider alluded to the applicant's desire to return to the workplace, the fact that the applicant had been off of work for what appeared to be several years and was, moreover, receiving both Social Security Disability Insurance (SSDI) in addition to Workers' Compensation indemnity benefits, taken together, significantly reduced the likelihood of the applicant's successfully returning to the workplace and/or workforce. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criterion for pursuit of functional restoration program/chronic pain program 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 outline why the applicant could not continue his rehabilitation through conventional outpatient office visits, home exercises, etc. The attending provider's September 25, 2015 office visit stated that the applicant had a "history of chronic pain and depression" present on that date. There was no mention, however, of the applicant's using any psychotropic medications as of September 25, 2015. It did not appear, in short, that the applicant had maximized mental health treatment prior to the request in question being initiated. Therefore, the request was not medically necessary.