

Case Number:	CM15-0035105		
Date Assigned:	03/03/2015	Date of Injury:	11/10/2006
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 47-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of November 10, 2006. In a Utilization Review Report dated February 2, 2015, the claims administrator partially approved request for a 20-day functional restoration program as a 10-day functional restoration program while denying hospitalization and hotel stay. The claims administrator referenced a January 27, 2015 RFA form and progress note of January 12, 2015 in its determination. The applicant's attorney subsequently appealed. On November 14, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant's medications list included Lyrica, Norco, Cymbalta, and Butrans. The applicant was receiving Workers' Compensation indemnity benefits and disability insurance benefits, it was acknowledged. On November 3, 2014, the applicant received an epidural steroid injection. On January 13, 2015, it was acknowledged that the applicant was receiving [REDACTED]. The attending provider noted that the applicant was unable to return to work and would remain off work, on total temporary disability. Norco, Butrans, Lyrica, and naproxen were continued. It was suggested that the applicant should pursue the functional restoration program status earlier failed lumbar spine surgery and status post earlier failed spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP (Functional Restoration Program) twenty(20) part-day session, each session is four (4) hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the proposed functional restoration program 20-day course was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program or chronic pain program is evidence that an applicant is motivated to try to improve and is willing to forego secondary gains, including disability payments, in an effort to try to improve. Here, however, the applicant is apparently receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant, thus, may be unwilling to forego this stream of disability benefits in an effort to try to improve. All evidence on file pointed to the applicant's seeming intention to maximize, rather than minimize, disability benefits and/or indemnity payments. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that treatment via a functional restoration program should not be continued for greater than two weeks without evidence of demonstrated efficacy. Here, thus, the request for 20 days of treatment represents in excess of MTUS premaxsters, it is further noted. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that another cardinal criterion for pursuit of a chronic pain program and functional restoration program is evidence that previous methods of treating chronic pain have been proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, it has not been clearly established why the applicant cannot continue rehabilitation through less intensive means, such as via conventional outpatient office visits, analgesic medications, etc. Therefore, the request was not medically necessary.

transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.

Hotel stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.