

Case Number:	CM15-0036620		
Date Assigned:	03/05/2015	Date of Injury:	01/31/2012
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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 54-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation, referencing an RFA form of January 16, 2015 and associated letter of January 15, 2015. The claims administrator invoked non-MTUS Guidelines in its determination, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a February 23, 2015 progress note, the applicant reported ongoing complaints of mid and low back pain with an ancillary issue of hypertension. The applicant was placed off work, on total temporary disability. The applicant was severely obese, with a BMI of 42. The applicant's medications included Flexeril, Zestoretic, and Norco. It was suggested that the applicant was pursuing lumbar radiofrequency ablation procedures. The attending provider stated that the applicant also needed a walker owing to persistent complaints of pain with standing and walking activities. On February 18, 2014, diagnostic medial branch blocks were sought as a precursor to pursuit of lumbar radiofrequency ablation procedures. The applicant had undergone previous epidural steroid injections, with only minimal pain relief. In an RFA form dated January 16, 2015, a comprehensive multidisciplinary assessment was proposed as a precursor to pursuit of functional restoration program. In a letter dated January 15, 2015, the attending provider's administrative assistant sought authorization for the functional restoration program in a highly template fashion. Little-to-no applicant-specific commentary was furnished. The attending provider did, however, cite Chapter 6 ACOEM Guidelines to reinforce its request

for the program. On November 20, 2014, the applicant's primary treating provider (PTP) placed the applicant off work, on total temporary disability. Norco and Flexeril were renewed. A seated walker was again sought on the grounds that the applicant reported pain with standing and walking activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient comprehensive multidiscipline assessment for APM-FRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: No, the request for a comprehensive multidisciplinary assessment as a precursor to pursuit of a subsequent functional restoration program was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try to improve. In this case, however, there was/is no clear or compelling evidence to support the proposition that the applicant was prepared to make the effort to try to improve. The applicant remained off work, on total temporary disability, throughout progress notes of late 2014 and early 2015. The applicant continued to employ opioid agents such as Norco. The applicant was severely obese, with BMI of 42. Rather than make efforts to try to ambulate, the applicant continued to importune her treating provider to initiate request for a walker/wheelchair device. Thus, the evidence on file, in short, does not support the proposition that the applicant was, in fact, prepared to make the effort to try to improve but, rather, supports the proposition that the applicant was intent on maximizing opioid therapy, indemnity benefits, etc. and was not inclined to remain active in terms of ambulating. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another cardinal criterion for pursuit of a functional restoration program or chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement other than the functional restoration program. Here, however, the applicant's primary treating provider went on to seek authorization for interventional spine procedures, including medial branch blocks and radiofrequency ablation procedures, following the request for a functional restoration program, suggesting that the attending provider in fact believed that the medial branch blocks and/or lumbar radiofrequency ablation procedures could potentially produce improvement here outside of the functional restoration program. Therefore, the request was not medically necessary.