

Case Number:	CM15-0047618		
Date Assigned:	03/19/2015	Date of Injury:	03/27/2013
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial assault injury of March 27, 2015. In a Utilization Review Report dated March 10, 2015, the claims administrator partially approved a request for an 18-day functional restoration program as a 10-day trial of the same. A February 18, 2015 RFA form was referenced in the determination. It was suggested that the applicant had already completed at least six sessions of the functional restoration program as of the date of the RFA form. The applicant's attorney subsequently appealed. In a March 4, 2015 multidisciplinary team conference, it was acknowledged that the applicant was still using tramadol, ConZip, Motrin, and Protonix. The applicant had ongoing complaints of low back and knee pain. The applicant remained depressed. The bulk of the program appeared to have comprised of the applicant's receiving cognitive behavioral therapy and psychotherapy. Fourteen additional program sessions were proposed. The applicant remained significantly depressed, it was suggested, and had a Global Assessment of Function (GAF) of 62 secondary to adjustment disorder and depression. The applicant had not returned to work, it was suggested. In a January 7, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was using Protonix, tramadol, ConZip, and Motrin, it was acknowledged. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

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

Decision rationale: No, the functional restoration program 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 a functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the applicant had a variety of mental health issues evident prior to and following completion of several sessions of the functional restoration program (FRP) in question. The applicant had issues with adjustment disorder and major depressive disorder (MDD) evident on March 4, 2015, i.e., evident after completion of several sessions of treatment via the functional restoration program. The applicant was not using any psychotropic medications. The attending provider did not clearly establish why the applicant could not obtain further mental health rehabilitation through less intensive means, including through conventional outpatient office visits, psychological counseling, psychotropic medications, etc. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that treatment via a functional restoration program or chronic pain program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, however, the applicant had failed to return to work following completion of several weeks of treatment through the program in question. A March 4, 2015 progress note suggested that the applicant was not working as of that point in time. The applicant remained dependent on a variety of analgesic medications, including ConZip, tramadol, and Motrin. The functional restoration program in question, thus, failed to affect any significant or material benefits in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.