MAXIMUS Federal Services

Case Number:	CM15-0062565		
Date Assigned:	04/07/2015	Date of Injury:	06/21/2000
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2000. In a Utilization Review report dated March 24, 2015, the claims administrator partially approved a request for a functional restoration program as a 10-day initial trial of the same. The claims administrator referenced an RFA form received on March 13, 2015 and an evaluation dated March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported ongoing complaints of low back pain, which had reportedly proven recalcitrant to time, medications, physical therapy, injection therapy, and acupuncture. The attending provider stated, in a highly templated manner, that the applicant was reportedly willing to improve. 8/10 pain complaints were reported. The applicant was on Norco, tramadol, Restoril, Voltaren gel, and Flexeril, the treating provider acknowledged. The applicant also had significant psychiatric issues with adjustment disorder and depression resulting in a Global Assessment of Function (GAF) of 60, it was acknowledged. Treatment via a functional restoration program was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks (10 days) initial Functional Restoration Program (to include physical therapy/therapeutic exercise 14 hours per week, psychological therapy 6 hours per week, patient education 2 hours a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Physical Therapy, Psychological Treatment and Education Sections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines, Education Sections and Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-32.

Decision rationale: No, the request for a functional restoration program to include physical therapy, therapeutic exercise, and psychotherapy at a rate of 14 hours a week 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 the chronic pain program or functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and that there is an absence of other options likely to result in significant clinically improvement. Here, the applicant was described on March 4, 2015 as having a variety of mental health issues with depression and adjustment disorder resulting in a Global Assessment of Function (GAF) of 60. It did not appear, however, that the applicant had had much psychiatric and/or psychological treatment. The applicant was not using any antidepressant medications on the March 4, 2015 office visit in question. There was no specific mention of the applicant's having received psychotherapy or psychological counseling prior to the request for a functional restoration program. It did not appear, in short, that there was, in fact, an absence of other option likely to result in significant clinical improvement. Page 30 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that chronic pain programs are recommended only where there is access to programs with proven successful outcomes. In this case, the attending provider did not outline the success rate of this particular program. Therefore, the request was not medically necessary.