

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0099101 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 08/31/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 low back pain reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with analgesic medications; earlier lumbar laminectomy surgery on August 23, 2013; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 30, 2014, the claims administrator denied a request for a Functional Restoration Program evaluation. The claim administrator did not, however, invoke cited MTUS and non-MTUS ODG Guidelines into its rationale. The applicant's attorney subsequently appealed. In a June 12, 2014, appeal letter, the applicant was described as having persistent complaints of low back pain. It was stated that the applicant was currently employed. The attending provider stated that the applicant had deficits associated with limited range of motion. The attending provider suggested that the applicant undergo a Functional Restoration Program evaluation. In June 20, 2014, progress note, the applicant reported persistent complaints of low back pain, ranging from 5-8/10. The applicant had issues with depression, but denied any issues with suicidal ideation. The applicant stated that he wanted to have another epidural injection. The applicant was using Norco, Relafen, Neurontin, Protonix, and Diclofenac, it was acknowledged. Several of the same were refilled. It was stated that the applicant could continue to work fulltime, with restrictions and was reportedly tolerating the same. A Functional Restoration Program evaluation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of Functional Restoration Program is evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result of significant clinical improvement. In this case, there is no evidence that previous methods of treatment chronic pain have proven unsuccessful. If anything, it appears that the applicant's current combination of treatment with time, medications, physical therapy, earlier surgery, etc., has proven successful, as evinced by the applicant's already-successful return to work. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that another criterion for pursuit of the program in question includes evidence that the applicant has a significant loss of ability to function independently resulting from chronic pain. In this case, as noted above, the applicant is functioning well, despite ongoing issues with chronic pain, as evinced by his already-successful return to work. It is further noted that the applicant is in the process of the pursuing other treatments, which are likely to result in further improvement, including epidural steroid injection therapy. The attending provider has not, furthermore, outlined why the applicant cannot continue rehabilitation through conventional outpatient office visits, psychological counseling, medications, and etc. Therefore, the request for an initial evaluation as precursor to enrollment into a Functional Restoration Program is not medically necessary.