

Case Number:	CM13-0071672		
Date Assigned:	01/17/2014	Date of Injury:	04/23/2012
Decision Date:	03/27/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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, Ohio, 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 26, 2012. In a utilization review report dated December 17, 2013, the claims administrator failed to approve a request for a functional restoration program. The applicant's attorney subsequently appealed. In an undated appeal letter, the attending provider sought authorization for a functional restoration program in a highly templated fashion, invoking a variety of non-MTUS Guidelines, including non-MTUS Chapter 6 ACOEM Guidelines. The attending provider's appeal letter was not, it is incidentally noted, dated. On December 12, 2013, the applicant reported persistent complaints of low back pain. The applicant was status post left knee surgery in September 2012. The applicant was using Prilosec, Mobic, Norco, Flexeril, Prozac, and Neurontin. The applicant was having issues with sleep disturbance. The attending provider suggested that the applicant pursue a functional restoration program while continuing electroacupuncture. Butrans was endorsed. The applicant was placed off of work, on total temporary disability. In an earlier note dated November 20, 2013, the attending provider stated that he was endorsing a disability application on behalf of the applicant. In an earlier note dated November 14, 2013, the attending provider reiterated his request for the functional restoration program. The applicant was having issues with depression. Prozac was being employed for the same. The applicant was using Mobic, Norco, Prilosec, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT FUNCTIONAL RESTORATION PROGRAM EVALUATION 2 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 6, 114, PARAGRAPH 1

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain and Page 6 of 127 (Effective July 18, 2009). Page(s): 6.

Decision rationale: 1. No, the proposed urgent functional restoration program evaluation - two weeks 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 treatment via a multidisciplinary pain management program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was/is no clear or compelling evidence that the applicant was in fact prepared to make the effort to try and improve. The applicant was off of work, on total temporary disability. The applicant was seemingly intent on maximizing workers' compensation indemnity benefits and disability insurance benefits, it was suggested on several occasions, referenced above, in which the applicant apparently presented to obtain disability paperwork endorsement. There was, thus, no clear or compelling evidence that the applicant was willing to forego secondary gains, including disability and/or indemnity benefits, in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options to likely result in significant clinical improvement. Here, the applicant was given Butrans for the first time on December 12, 2013, i.e., the date the attending provider concurrently sought authorization for the functional restoration program. The attending provider also suggested that the applicant continue acupuncture at that point in time. Thus, it did appear that there were other options, including acupuncture and Butrans, which could have potentially generated functional benefit. It was further noted that the applicant's psychiatric and/or psychological issues had not been fully treated. The applicant had only recently begun Prozac on or around the date the functional restoration program was sought, on December 12, 2013. Thus, there were a number of treatment options which could potentially have resulted in significant benefit here besides the functional restoration program and/or associated evaluation at issue. Therefore, the request was not medically necessary.