

Case Number:	CM15-0116274		
Date Assigned:	06/24/2015	Date of Injury:	10/06/2014
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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 44-year-old [REDACTED] beneficiary who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of October 6, 2014. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for a functional restoration program of unspecified frequency and duration. The claims administrator referenced progress notes of April 21, 2015 and May 12, 2015 in its determination. The applicant's attorney subsequently appealed. In June 17, 2015 progress note, the applicant was placed off of work, on total temporary disability. The attending provider maintained that the applicant would remain off work, on total temporary disability, until which time the applicant completed a functional restoration program. The note was very difficult to follow, mingled historical issues with current issues and was, at times, internally inconsistent as some portions of the note suggested that the applicant was working doing largely sedentary work at a rate of 6 hours a day. The bulk of the documentation on file, however, stated that the applicant would be placed off work, on total temporary disability. On May 12, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was off work, on total temporary disability, as stated in the vocational status section of the note. Ongoing lower extremity paresthesias were reported. The applicant was asked to remain off work, on total temporary disability, and pursue a functional restoration program. The applicant was using tramadol for pain relief, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, frequency and duration not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (function restoration programs).

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 functional restoration program of unspecified frequency and duration was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant remains off work, the less likely it is he or she will return. The longer an applicant suffers from chronic pain, the less likely any treatment, including a comprehensive functional restoration program, will be effective. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the cardinal criteria for pursuit of functional restoration program is evidence that an applicant is motivated to change and is willing to forego secondary gains, including disability payments, in an effort to effect said change. Here, however, it did not appear that the applicant was intent on returning to work. It did not appear that the applicant was willing to forgo disability benefits and/or indemnity benefits in an effort to try to improve. The applicant remained off work, on total temporary disability, suggested on progress notes of May 12, 2015 and June 17, 2015. It did not appear, thus, the applicant was intent on foregoing disability and/or indemnity benefits in an effort to try to improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criteria for pursuit of functional restoration program was evidenced that previous method of treating chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, it was not clearly stated why the applicant could not continue his rehabilitation through conventional outpatient office visits, home exercises, other less intensive means, etc. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that treatment via functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy. Here, the request for an open-ended functional restoration program of unspecified frequency and duration, thus, ran counter to the principles articulated on both pages 6 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.