MAXIMUS Federal Services

Case Number:	CM15-0129373		
Date Assigned:	07/15/2015	Date of Injury:	06/04/2014
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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 24-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of posttraumatic headaches reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for an initial functional restoration program. The claims administrator referenced a March 3, 2015 evaluation in its determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain with derivative complaints of headaches and loss of hearing. The applicant was asked to continue Norco for pain relief. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On January 14, 2015, the applicant again reported multifocal pain complaints with ancillary complaints of headaches. An extremely proscriptive 5-pound lifting limitation was endorsed. Ambien was renewed. On March 15, 2015, the applicant again reported multifocal complaints of neck, shoulder, and low back pain. Norco and Ambien were renewed and the rather proscriptive 10-pound lifting limitation at issue was renewed. Once again, it was not clearly stated whether the applicant was or not working with said limitation in place, although this did not appear to be the case. On April 13, 2015, the attending provider again renewed the applicant's 10-pound lifting limitation and suggested the applicant continue Ambien, Norco, and a ketoprofen-containing topical compound. The functional restoration program in question was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Restoration Program for 2 weeks for the low back and head injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

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

Decision rationale: No, the request for a two-week 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 functional restoration program is evidence that an applicant is motivated to change and/or willing forgo secondary gains, including disability benefits, in an effort to effect said change. Here, however, there was no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criteria for pursuit of functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful, there is an absence of other options likely result in significant clinical improvement. Here, however, the attending provider did not clearly state why less intensive means of treating chronic pain, including conventional outpatient office visits, a return to work trial, psychological counseling, etc., could not be employed here. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an applicant undergo a precursor evaluation prior to pursuit of a functional restoration program. Here, the April 13, 2015 progress note made no explicit mention of the applicant's having a received precursor screening evaluation to determine the applicant's suitability for the program in question. Therefore, the request was not medically necessary.