

Case Number:	CM15-0048459		
Date Assigned:	03/20/2015	Date of Injury:	11/15/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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 45-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 15, 2012. In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve a request for a functional restoration program. The claims administrator referenced an RFA form dated February 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 26, 2015 progress note, the applicant was asked to continue treatment via the functional restoration program in question. It appeared, thus, that the applicant had already received prior treatment through the functional restoration program. The functional restoration program apparently comprised of yoga, other exercises, physical therapy, nutrition, and hypnosis. The applicant's work and functional status were not detailed. It was suggested that the applicant had had at least two weeks of treatment through this point in time. On January 29, 2015, the attending provider suggested that the applicant continue treating via the functional restoration program. Once again, the applicant's work status was not furnished. On January 29, 2015, a gabapentin-ketoprofen-lidocaine topical compound was dispensed. On February 12, 2015, the attending provider suggested that the applicant continue an additional four weeks of treatment via the functional restoration program in question. Once again, the applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: No, the request for a functional restoration program was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider and the claims administrator, the functional restoration program in question does represent a request for a renewal or extension of a previously approved functional restoration program. The applicant has had at least two weeks of previous treatments through the program in question. However, page 49 of the MTUS Chronic Pain Medical Treatment Guidelines notes that treatment is not suggested via a functional restoration program for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, however, the attending provider has failed to outline any clear or compelling gains affected as a result of previous treatment through the functional restoration program in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant's work and functional status were not outlined on office visits of February 12, 2015, January 29, 2015 or January 16, 2015. The applicant's medication list was not detailed. The admittedly limited information of file suggested that the applicant was not working, which, coupled with the applicant's continued dependence on topical compounded agents, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.