

Case Number:	CM15-0062104		
Date Assigned:	04/08/2015	Date of Injury:	09/23/2013
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 23, 2013. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for six sessions of a functional restoration program. The claims administrator referenced a March 23, 2015 RFA form and associated progress note of February 23, 2015 in its determination. The claims administrator stated that the attending provider's request was ambiguous but seemingly suggested that the request represented a request for a functional restoration program. In a handwritten note dated February 2, 2015, the applicant was placed off of work, on total temporary disability, for six weeks. Chiropractic manipulative therapy and a functional restoration program were proposed. Tylenol No. 3 was renewed. Overall commentary was quite sparse and comprised largely of preprinted checkboxes, with little-to-no narrative commentary. In a December 17, 2014 pain management consultation, it was acknowledged that the applicant was off of work, on total temporary disability. Two epidural steroid injections were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration 2x3 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request in question seemingly represents a request for a functional restoration program or chronic pain program. However, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that one of the cardinal criteria for pursuit of a chronic pain program or functional restoration program, is evidence that an applicant is willing to make the effort to try to improve and is willing to forego disability and/or indemnity benefits in an effort to improve. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 2, 2015. The progress note on that date was sparsely and thinly developed. There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try to improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence there is an absence of other options likely resulting in significant clinical improvement. Here, however, the attending provider suggested that the applicant continue chiropractic manipulative therapy and Tylenol No. 3 on February 2, 2015, suggesting that the attending provider believed that chiropractic manipulative therapy was likely to be beneficial here. It was not clearly established that the applicant had in fact exhausted other treatment options. Therefore, the request was not medically necessary.