MAXIMUS Federal Services

Case Number:	CM15-0063832		
Date Assigned:	04/09/2015	Date of Injury:	03/06/2014
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 umbilical pain reportedly associated with an industrial injury of March 6, 2014. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. A March 12, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of low back and groin pain. It was stated that the applicant had developed various issues including depression, sleep disturbance, anxiety, and fear-avoidance behavior following earlier umbilical herniorrhaphy surgery. Issues with low back pain were also evident. The applicant was not a candidate for any kind of lumbar spine surgery, it was acknowledged. The applicant was on Norco, naproxen, Protonix, and Ambien. A functional restoration program evaluation was proposed. The applicant had, however, stopped working, performing household chores, doing yard work, socializing, and exercising, the treating provider acknowledged. Activities of daily living as basic as standing and walking remained problematic, the treating provider reported.

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.

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 a functional restoration program was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no clear or compelling evidence that the applicant was prepared to make the effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for pursuit of a functional restoration program is evidence that an applicant is willing to forego secondary gains, including indemnity benefits, in an effort to try and improve. Here, however, there was 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 cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, as the treating provider himself acknowledged, the majority of the applicant's residual issues were mental health-related. The applicant had issues with depression, anxiety, fear-avoidance behavior, etc., apparently impeding and delaying his recovery, it was reported. However, the applicant did not appear to have had any significant psychological or psychiatric treatment. There was no mention of the applicant's having received psychotropic medications, psychological counseling, etc., before the functional restoration program in question was proposed. Therefore, the request was not medically necessary.