

Case Number:	CM15-0093234		
Date Assigned:	05/20/2015	Date of Injury:	07/30/2012
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 30, 2012. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation. The claims administrator referenced progress notes of March 10, 2015 and April 27, 2015 in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, a medical-legal evaluator imposed permanent work restrictions owing to the applicant's ongoing shoulder and neck pain complaints. The applicant was given an extremely proscriptive 5-pound lifting limitation. It was suggested that the applicant had not worked since the date of injury of July 30, 2012. On April 27, 2015, a chronic pain physician suggested that the applicant pursue a functional restoration program evaluation. The applicant's medication list apparently included Tylenol, Protonix, and Celebrex. It was stated that the applicant was not a shoulder surgery candidate. The applicant had received unspecified amounts of acupuncture, it was suggested. Oral flurbiprofen was also prescribed and/or dispensed on this occasion. In a request for a functional restoration program evaluation received on April 29, 2015, the treating provider suggested that the applicant could benefit from various modalities offered through the program, including tai chi and yoga. On April 7, 2015, the applicant's pain management physician endorsed an EDD form, apparently to allow the applicant to receive unemployment benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation ([REDACTED] 97799): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 30-32.

Decision rationale: No, the proposed functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest 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, here, however, it did not appear that the applicant was willing to forego disability and/or indemnity benefits in an effort to try and improve. Rather, the evidence on file pointed to the applicant's seeming intention to maximize disability, indemnity, and/or unemployment compensation benefits. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant has been off of work and the longer an applicant suffers from chronic pain, the less likely treatment, including a functional restoration program, will be effective and/or facilitate an applicant's return to work. Here, the applicant had been off of work for a little under two years as of the date of the request. It did not appear that the applicant was a suitable candidate for admission into the program in question. Page 30 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a chronic pain program is only recommended when there is access to programs with proven successful outcomes. Here, however, the attending provider did not outline the success rate of his particular program. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criterion for pursuit of a chronic pain program or a functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider seemingly stated that the functional restoration program in question was intended to deliver modalities such as yoga and tai chi. It was not clearly stated why the applicant could not pursue these modalities independently as opposed to pursuing them via the program in question. Therefore, the request was not medically necessary.