

<b>Case Number:</b>	CM15-0095723		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 53-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 26, 2011. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for a functional restoration program. A RFA form received on April 10, 2015 and associated progress note of March 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 8, 2015, a functional restoration program was sought. In an associated progress note dated March 12, 2015, the applicant reported ongoing complaints of foot and ankle pain, exacerbated by standing and walking. The applicant had undergone multiple prior foot surgeries, it was reported. A pain management consultation was sought. The attending provider stated that the applicant would be best served receiving treatment through a pain clinic and associated functional restoration program. The frequency and duration of treatment were not, however, specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Program.

**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 proposed functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer applicant suffers from chronic pain and the longer an applicant remains out of work, the less likely it is an applicant needs to return to work and/or benefit from a chronic pain program or functional restoration program. Here, it did not appear that the applicant was working as of the March 12, 2015 progress note in question. The attending provider did not clearly state or establish how the applicant could profit through the functional restoration program in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the cardinal criterion for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, the attending provider did not clearly state why the applicant could not continue rehabilitation through less intensive means, including through conventional outpatient office visits, analgesic medications, psychotropic medications, etc. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an applicant should exhibit motivation to change and should be willing to forego secondary gains, including disability benefits, to effect said change. Here, however, the applicant's work status was not clearly detailed. It did not appear, however, that the applicant was working. There was, furthermore, no mention of the applicant's willingness to forego disability benefits in an effort to try and improve. Since multiple criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a functional restoration program were not met, the request was not medically necessary.