

Case Number:	CM13-0001969		
Date Assigned:	12/11/2013	Date of Injury:	10/12/2011
Decision Date:	01/16/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old female who reported an injury on 10/12/2011 after she sustained head injuries from being struck by a patient she was trying to subdue. After initial treatment, the patient was active in physical therapy for whiplash type injuries and was prescribed Ativan for anxiety and bruxism. The patient was diagnosed as having posttraumatic stress disorder, cognitive disorder, anxiety and disturbance of sleep initiation and maintenance. In 2013, the patient was noted as having suffered cognitive changes within the brain due to her head trauma. She underwent a psychiatric evaluation due to developing symptoms to include headaches, unsteady gait, depression and anxiety. The patient has also developed sleep nightmares, sleep disturbances and also began to have panic attacks. The physician is now requesting a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

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

Decision rationale: According to the California MTUS Guidelines, functional restoration programs are recommended as a type of treatment included in the category of interdisciplinary pain programs and are designed to help with a pain management approach geared specifically to patients with chronic, disabling occupational musculoskeletal disorders. With the patient previously having completed some psychotherapy evaluations and treatments, a step forward with a functional restoration program may be beneficial in the patient's progression towards overall functional improvement. As such, the request for a functional restoration program is considered medically appropriate for this patient.