

Case Number:	CM13-0012149		
Date Assigned:	03/10/2014	Date of Injury:	03/04/2008
Decision Date:	04/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 52-year-old male with a 3/4/08 date of injury. At the time (7/9/13) of request for authorization for functional restoration program x 4 weeks, there is documentation of subjective (neck pain) and objective (tenderness over the right paracervical with guarding, muscle spasms, painful range of motion, and crepitation with motion) findings, current diagnosis (cervical decompression and fusion in October 2010), and treatment to date (home exercise program, physical therapy, and medications). Medical report identifies that the patient might benefit from a supervised functional restoration program in order to reduce pain, restore function, and increase activity tolerance. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM X 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back..

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. Within the medical information available for review, there is documentation of a diagnosis of cervical decompression and fusion in October 2010. In addition, there is documentation of a plan identifying that the employee might benefit from a supervised functional restoration program in order to reduce pain, restore function, and increase activity tolerance. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the employee has a significant loss of ability to function independently resulting from the chronic pain; the employee is not a candidate where surgery or other treatments would clearly be warranted; and the employee exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program x 4 weeks is not medically necessary. [REDACTED]