MAXIMUS Federal Services

Case Number:	CM13-0018694		
Date Assigned:	11/06/2013	Date of Injury:	08/05/2011
Decision Date:	05/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/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 49 year old female whose date of injury is 08/05/2011. Note dated 07/12/13 indicates that the patient was injured on 12/17/96 when she was lifting a heavy bag of garbage. She continued working until 08/09/11 when she was taken off work. Progress report dated 11/08/13 indicates that the patient completed 160 hours of a functional restoration program. The patient reported significant improvements in her mood and mental status, her ability to engage in activities of daily living, and her overall functionality. Medications include Aspirin, Metoprolol, Plavix, Pravastatin, Levothyroxine and Buprenorphine. Visit note dated 03/07/14 indicates that the patient reports her low back is the most painful and rates pain as 5-6/10. She stated that she did restart her medications, but only takes these when she has increased pain. The patient reports that she continues to utilize coping mechanisms learned in the functional restoration program, but has difficulty with home exercise program due to her pain. A utilization review determination on August 21, 2013 had modified the request for functional restoration program from 160 hours to 80 hours. The rationale was that "all guideline suggests up to 10 sessions as an initial trial, to insure [sic] compliance and improvement before continuing in the program."

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR THE LOW BACK AND RIGHT UPPER EXTREMITY, 160 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-33.

Decision rationale: In the case of this injured worker, the disputed issue is the initial duration of certified sessions of the functional restoration program. The utilization review determination had modified the request to 80 hours since "all guideline suggests up to 10 sessions as an initial trial, to insure [sic] compliance and improvement before continuing in the program." In fact, the California Medical Treatment and Utilization Schedule do suggest 10 trial treatments for functional therapy intended to avoid surgery as quoted above. The requesting healthcare provider documents in a progress note on March 7, 2014 that the injured worker is a graduate of a functional restoration program with benefit, and this request is for "aftercare." Since any type of functional restoration program must demonstrate efficacy after a limited number of treatments, the utilization review determination is upheld. Therefore the request is not medically necessary.