MAXIMUS Federal Services

Case Number:	CM13-0018802		
Date Assigned:	12/11/2013	Date of Injury:	12/02/2009
Decision Date:	01/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 & Rehabilitation, 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:

The underlying date of injury in this case is 12/02/2009. The primary diagnosis is anxiety. The treating physician's notes additionally note the diagnosis of a chronic pain syndrome. A detailed functional restoration program initial evaluation is noted of 08/13/2013. That evaluation notes that this patient is a 39-year-old woman with the chief complaint of chronic left ankle pain after an injury as a security guard when she sustained an ankle inversion injury. That interdisciplinary evaluation outlines specific recommendations for a functional restoration program and recommends part-day sessions of 160 hours as equivalent to 20 full-day sessions as recommended by the treatment guidelines. An initial physician review in this case noted that the evidence-based guidelines do not recommend that initial trial of functional restoration for more than 80 hours without evidence of functional improvement. That review also notes the lack of psychological issues for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **160 hours:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32.

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for the general use of chronic pain management/functional restoration programs includes, "An adequate and thorough evaluation has been made, including baseline functional testing.... Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension...Total treatment duration should generally not exceed 20 full-day sessions or the equivalent of part-day sessions if required by part-time work or transportation or childcare or comorbidities." An initial physician review recommended non-certification for a functional restoration program for two reasons. First, the reviewer indicated that there were no psychological diagnoses. The interdisciplinary evaluation discusses the patient's psychological diagnoses in detail, including major depression with a global assessment functional score of 55, reflecting significant psychological comorbidity and an agreement by the team that this would be appropriate to address in a functional restoration program environment. Second, the reviewer indicates that the treatment request should not exceed 20 days. The treatment guidelines specifically allow for consideration of 20 full-time days or the equivalent part-time hours, which is specifically discussed in the records in this case. The interdisciplinary evaluation does very specifically meet the MTUS Chronic Pain Guidelines' criteria established for a functional restoration program. The request for a [redacted] for 160 total hours is medically necessary and appropriate.