MAXIMUS Federal Services

Case Number:	CM13-0019706		
Date Assigned:	10/11/2013	Date of Injury:	04/17/2012
Decision Date:	01/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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:

In a utilization review report of August 19, 2013, the claims administrator denied a request for 160 hours of a functional restoration program. The applicant's attorney later appealed, on September 3, 2013. The claims administrator denied the request on the grounds that the guidelines do not recommend treatment beyond two weeks without evidence of demonstrated efficacy. A later note of October 4, 2013 is notable for the comment that the applicant reports chronic neck, back, and elbow pain. The claimant is taking Cymbalta, BuTrans, Neurontin, and a10-pound lifting limitation has been set for the claimant. An October 3, 2013, psychiatric report is notable for comments that the applicant has a global assessment of function of (GAF) of 47. The earlier note of September 11, 2013, 160 hours of functional restoration program was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

160-hour functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32, 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration in excess of 20 sessions requires a clear or compelling rationale for the services being requested and reasonable goals to be achieved. The MTUS also suggests that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by both subjective and objective gains. In this case, the attending provider has proposed 160 hours of treatment. At a rate of 40 hours a week, this would represent four weeks of treatment. This is well in excess of the two-week trial recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for a 160-hour restoration program is not medically necessary and appropriate.