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| Case Number: | CM13-0020430 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 11/03/2010 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 47-year-old female who reported an injury on 11/03/2010. The patient was carrying a heavy vat of oil with a coworker and the coworker dropped their side of the vat and the patient was noted to twist her arm. The patient was noted to undergo a behavioral medicine evaluation on 08/14/2013 which revealed the patient had a Beck Depression Inventory score of 13 and a Beck Anxiety Inventory of 18. The patient was noted to be in the mild range for depression and anxiety. The patient was noted to undergo a physical function consultation on 08/14/2013 and was noted to undergo an interdisciplinary evaluation on the same date. The patient's diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy. The request was made for a Functional Restoration Program 5 times per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Functional Restoration Program 5 times per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

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

Decision rationale: California Medical Treatment Utilization Schedule Guidelines indicate that the criteria for entry into a chronic pain program include the patient has had an adequate and thorough evaluation including baseline functional testing, so follow up with the same test can note functional improvement. There should be documentation that 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 should have a significant loss of the ability to function independently resulting from the chronic pain. Additionally, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the patient had a baseline functional test, had a behavioral medicine evaluation, and had an interdisciplinary evaluation. However, there is a lack of documentation indicating the necessity for 40 sessions as the maximum sessions per California MTUS Guidelines are indicated to be a total of 20 full day sessions. Additionally, the guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is a lack of documentation indicating the necessity for 40 visits. While the patient was noted to have a physical function consultation, there is a lack of indication of the required PDL for the job and the patient's current PDL. Given the above and the lack of documentation of exceptional factors, the request for functional restoration program 5 times a week for 8 weeks is not medically necessary.