

Case Number:	CM13-0021832		
Date Assigned:	11/13/2013	Date of Injury:	11/02/1999
Decision Date:	02/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation, and is licensed to practice in 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 53-year-old female who reported an injury on 11/02/1999. The patient is currently diagnosed with chronic low back pain, lumbar laminectomy, lumbosacral radiculopathy, chronic neck pain, and status post cervical fusion. The patient was seen by [REDACTED] on 07/18/2013. The patient reported persistent neck, right shoulder, and low back pain. Physical examination revealed mild cervical paraspinal muscle tenderness, moderate bilateral upper trapezius muscle tenderness to palpation, limited cervical range of motion, moderate tenderness to palpation of the lumbar paraspinal muscles, limited lumbar range of motion, moderate tenderness to palpation of the right rhomboid muscle, moderate tenderness in the right anterior shoulder, diminished right shoulder range of motion, mild crepitus in bilateral knees, diminished sensation over the entire right lower extremity, and negative straight leg raising. Treatment recommendations included a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional restoration program (FRP) for eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence 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. Patients should exhibit motivation to change, willingness to forego secondary gains, and negative predictors of success should be addressed. Total treatment duration should generally not exceed 20 full day sessions. As per the clinical notes submitted, the patient does maintain a diagnosis of chronic low back pain and chronic neck pain. The patient has recently undergone a physical therapy evaluation and a psychological evaluation on 07/18/2013. The latest functional restoration program note was submitted on 09/27/2013, following the patient's completion of 50 hours of the program. It is noted that the functional restoration program consists of 5 contact hours per day. As Guidelines do not recommend exceeding 20 full day sessions or 160 hours, the current request for a functional restoration program for 8 weeks is in excess of Guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request for (1) functional restoration program (FRP) for eight (8) weeks is non-certified.