

Case Number:	CM13-0025423		
Date Assigned:	06/06/2014	Date of Injury:	12/05/2011
Decision Date:	07/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 35 year old male whose date of injury is 12/05/2011. Panel qualified medical evaluation dated 08/27/13 indicates that a post swung up and hit him underneath his chin. The treatment to date includes physical therapy, TENS unit and medication management. Impression is mild cervical disc desiccation, cervical and right scapular strain, thoracic strain, and bilateral knee strain. Neuropsychology consult dated 03/12/14 indicates that he complains of significant jaw, neck and upper back pain. He acknowledges a very high level of depression and anxiety. Diagnoses are posttraumatic stress disorder and cognitive disorder not otherwise specified. He was recommended to undergo a course of cognitive behavioral therapy. Follow up note dated 05/19/14 indicates that current medications are Colace, Etodolac, Pristiq, Tylenol, Viagra, Vicodin and Voltaren gel. He has been approved for a course of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, X 10DAYS/2WEEKS / 5 DAYS A WEEK FOR 6 HRS PER WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program x 10 days/2 weeks/5 days a week for 6 hrs per week is not recommended as medically necessary. The injured worker's date of injury is over 24 months old. California MTUS guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There is no indication that the injured worker has undergone a recent functional capacity evaluation/physical performance evaluation to establish baseline levels of functioning as well as current versus required physical demand level. The submitted records indicate that the injured worker has been authorized for a course of cognitive behavioral therapy; however, it is unclear if the injured worker has attended these sessions.