

Case Number:	CM13-0029227		
Date Assigned:	11/01/2013	Date of Injury:	01/13/2011
Decision Date:	01/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Interventional Spine 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:

This is a 49 year-old, male with a 1/13/11 injury. He has been diagnosed with: status post fall with multiple body injuries; cervical strain/sprain; post concussion syndrome; post concussion headache; lumbosacral strain/sprain; posttraumatic myofascial pain syndrome. The IMR application shows a dispute with the 9/16/13 UR decision. The 9/16/13 UR decision is from HCRG and is for denial of a functional restoration program for 2-weeks, based on the 9/6/13 medical report from [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, (FRP), for two (2) 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 Functional Restoration Programs Page(s): 30-32.

Decision rationale: [REDACTED] has requested his functional restoration program on his 4/10/13, 5/31/13, 6/28/13, 7/17/13 and 9/30/13 medical reports. He has cited the MTUS criteria for the FRP on all the reports. The patient has not met the criteria, for the FRP including item #3, which

states, "The patient has a significant loss of ability to function independently resulting from the chronic pain." [REDACTED] notes the patient is able to look after himself normally, but has extra discomfort. There is no significant loss of functioning independently. Item #5 was also not addressed, which states, "The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change." Finally, Item #6 was not addressed, which states, " Negative predictors of success above have been addressed." The negative predictors of completion of the program are listed as: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The patient's condition and the medical reporting do not meet the MTUS criteria for a functional restoration program.