

Case Number:	CM13-0032034		
Date Assigned:	12/20/2013	Date of Injury:	02/27/2010
Decision Date:	05/22/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 44-year-old man sustained a work-related injury on February 27, 2010. Subsequently the patient developed with chronic back pain. He was diagnosed with the postconcussion syndrome, skull fracture with contusion injury on the left brain, lumbosacral disc injury, dysfunction ambulation, and cognitive dysfunction. The patient was treated with the pain medication, heat and cold application, acupuncture and physical therapy. According to the note dated on September 11, 2013, the patient was complaining of neck and back pain as well as headaches. His physical examination demonstrated the reduced cervical range of motion tenderness. The patient was treated with acupuncture, physical therapy, Cymbalta and hot and cold therapy. The provider requested authorization for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31-33.

Decision rationale: Chronic pain programs (functional restoration programs FRPs) were recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). There is no documentation that the patient exhausted all therapeutic options mentioned in his file. There are no psychological issues or evaluation to support the referral to a restoration program. There is no documentation that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change;. Therefore, the request for functional restoration program evaluation is not medically necessary.