

Case Number:	CM13-0033358		
Date Assigned:	12/06/2013	Date of Injury:	01/15/1998
Decision Date:	04/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 patient is a 61-year-old female who reported injury on 01/15/1998. The mechanism of injury was noted to be a gradual onset of bilateral pain and numbness of both arms. The documentation of 10/10/2013 was for reconsideration. The physician opined that the patient had negative predictors of success including length of time since injury, lack of employment to return to, and extensive opioid use; however, the physician opined that should not preclude the patient from treatment. It was indicated that the comprehensive program was designed to decrease symptomatology and restore function. The request was made for a functional restoration program. The patient's diagnoses were special symptoms or syndromes not elsewhere classified.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional restoration program: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient met the criteria; however, the request failed to specify the number of hours and 80 hours (2 weeks) at a time are appropriate. Given the above, the request for a functional restoration program is not medically necessary.