

Case Number:	CM13-0042572		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2010
Decision Date:	04/22/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/19/2013

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 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 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:

This is a 35 year-old female who was injured on 12/1/10. She has been diagnosed with chronic pain syndrome. She has been through 20 sessions of a functional restoration program, and the physician is requesting an additional 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional days in the multidisciplinary pain management program: 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 Page(s): 31-32.

Decision rationale: The patient presents with chronic pain syndrome, and after 20 sessions of a functional restoration program has reported improvement, but has not returned to work. The progress reports show that she is able to lift and carry 20 lbs., and walk on a treadmill for 30 minutes. She was given home exercises and stretching and is reported to be compliant with these, but the rationale for additional PT was that she needs more exercises and stretching techniques. The MTUS guidelines states the FRP should not exceed 20 sessions, and if it does, "Treatment

duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function" There is no clear rationale for continuing the program beyond 20 sessions, there are no goals provided, additional exercises are not described and since she was reported to have had improvement with the exercises and stretching provided, it is not clear why she requires additional training and there is no individualized care plans. The rationale for continuing the program are vague and generalized i.e. increase physical activity, decrease psychological barriers; improve strength and motion, reentry to the workforce, etc. no specific reasonable goals are documented. The request for additional FRP sessions beyond the 20 provided is not in accordance with MTUS guidelines.