

Case Number:	CM13-0044306		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2011
Decision Date:	03/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Medicine 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:

The patient is a 44-year-old female who reported a work-related injury on 07/25/2011. Per Functional Restoration Program report dated 10/18/2013, the patient was noted to have made significant gains subjectively and objectively, yet still had not reached the work demand goal of lifting 15 pounds and would be unlikely to do so without further intensive treatment. It was noted there was a significant risk of the patient regressing into increased depression and anxiety, decreased physical and social functioning, and increased medication use without continued treatment and would also be less likely to return to work. The patient was noted to be in the 4th week of her Functional Restoration Program. Request has been made for Functional Restoration Program for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional restoration program for two (2) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section, pages 30-33. Page(s): 30-33.

Decision rationale: The California Medical Treatment Guidelines for chronic pain state treatment duration for Functional Restoration Programs in excess of 20 sessions requires a clear rationale for the specific extension and reasonable goals to be achieved. Guidelines state that 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. According to a comprehensive medical legal report dated 11/26/2013, it was noted that the patient completed 4 weeks of the Functional Restoration Program. The patient complained of lumbar radicular pain and this complaint was not associated with physical examination findings of radiculopathy. In addition, electrodiagnostic testing did not verify radicular injury. It was noted that appropriate conservative care had been provided to the patient and that her primary care physician had placed her back to work with restrictions. While further care may be needed to treat the patient's pain, it was reported that additional treatment would not likely change the patient's impairment status. It was stated that continuing work with some restrictions would be most appropriate for the patient and that despite the Functional Restoration Program; the patient's understanding was reported as there was something needing to be fixed in order to have her pain alleviated. The patient was noted to have a lack of understanding of the nature of her injury. Per medical report, there was no reasonable expectation of improvement for the patient with or without treatment and it was noted the patient could be considered maximally medically improved. In addition, per medical letter dated 12/05/2013, it was reported that the patient's subjective complaints remained even though objective physical exam findings had shown evidence of improvement for the patient. It was noted that further care would not significantly change the patient's condition and she was at MMI. Given the above, the decision for Functional Restoration Program for 2 weeks is non-certified.