

Case Number:	CM13-0053862		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management 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 male with a date of injury of 7/16/12. A utilization review determination dated 10/31/13 recommends non-certification of a functional restoration program x 6 weeks. A progress report dated 10/18/13 identifies subjective complaints including pain and discomfort involving the neck and headaches. The objective examination findings identify decreased cervical ROM and decreased light touch sensation in the RUE. The diagnoses include post concussion headache, post concussion syndrome, cervical sprain-strain injury, possible myofascial pain syndrome, possible cervical disc injury and possible cervical radiculopathy. The treatment plan recommends Prozac, Gabapentin, and an FRP. A functional restoration program evaluation report dated 10/16/13 noted that the patient was a good candidate for the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 6 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, Functional Restoration Programs Section Page(s): 30-34, 49.

Decision rationale: The California MTUS supports chronic pain programs/functional restoration programs when: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change or negative predictors of success above have been addressed. Within the documentation available for review, there is documentation of pain and discomfort involving the neck and headaches. The objective examination findings identify decreased cervical ROM and decreased light touch sensation in the RUE. The patient has undergone an evaluation for a functional restoration program. However, there is no clear documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain and that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains per the CA MTUS and there is no provision to modify the current request. In light of the above issues, the currently requested functional restoration program x 6 weeks is not medically necessary.