

Case Number:	CM13-0058319		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2003
Decision Date:	12/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Pain Management, 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:

The patient is a 55 year old with an injury date on 12/20/03. Patient complains of persistent cervical pain, rib pain, and low lumbar pain per 5/21/13 report. Patient notes that his most recent medication (Zipsor) has not been effective in treating pain per 5/21/13 report. Patient currently does a home exercise program that he learned in his functional restoration program per 5/21/13 report. Based on the 5/21/13 progress report provided by The treating physician, the diagnoses are: 1. cervical, thoracic, and lumbosacral s/s injury2. cervical degenerative disc disease3. lumbosacral degenerative disc disease4. lumbosacral disc injury5. history of rib fracture6. myofascial pain syndrome7. depressionExam on 5/21/13 showed "decreased cervical range of motion, decreased lumbar range of motion." Patient's treatment history includes physical therapy, acupuncture, a completed functional restoration program, medication (Zipsor, Ibuprofen, Norco) which has not been effective. The treating physician is requesting functional restoration program after care six sessions. The utilization review determination being challenged is dated 10/30/13. The treating physician provided treatment reports from 5/21/13 to 7/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Aftercare six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 228.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: This patient presents with neck pain, rib pain, and lower back pain. The treating physician has asked for Functional Restoration Program after care six sessions on 5/21/13, "one session a week for six weeks." Review of records show patient had 6 weeks of a functional restoration program from March to May 2013, with 70% improvement in cervical and lumbar posture, and in terms of spinal stability, "good motor control in the cervical, abdominal and lumbar spine with good spinal stability" per 5/3/13 physical therapy progress report documented by the [REDACTED] functional restoration program. For an extension of a functional restoration program beyond 20 sessions, MTUS states: "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." In this case, the patient has progressed well in 6 weeks of FRP, with significant functional gains. The patient has 70% improvement in cervical and lumbar posture, and "good motor control in the cervical, abdominal and lumbar spine" per 5/3/13 report. There is no documentation of an individualized care plan with outcomes, or a risk factor for a loss of function. It would appear the program has already reached adequate goals. The patient completed 6 weeks of a full functional restoration program. The current request for 6 more sessions exceed what is ordinarily recommended by MTUS. The request is not medically necessary and appropriate.