

Case Number:	CM13-0060257		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2010
Decision Date:	04/16/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	12/03/2013

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 Sports 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 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 53-year-old female who reported an injury on 09/29/2010. The mechanism of injury was not provided for review. The patient's treatment history included multiple medications, a TENS unit, physical therapy, and psychiatric support. The patient's most recent clinical evaluation documented that the patient had continued pain complaints of multiple body parts, including the neck, shoulders, and head. Objective findings included local tenderness to the various body parts of complaint. It was also noted that the patient had myofascial trigger points and 5/5 motor strength of the bilateral upper extremities. The patient's diagnoses included myofascial pain syndrome, traumatic brain injury, and post-traumatic headaches. The patient's treatment plan included a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

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

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

Decision rationale: The requested Functional Restoration Program is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends entrance into a functional restoration program is appropriate for patients who have exhausted all lesser treatment modalities and have persistent chronic pain complaints and have a baseline functional assessment. It is also noted that the patient must be motivated to participate in the functional restoration program and all negative predictors have been addressed. The clinical documentation submitted for review does indicate that the patient was recommended for an evaluation into a functional restoration program. However, that evaluation was not submitted for review. Therefore, the appropriateness of a functional restoration program for this patient cannot be determined. The clinical documentation as it is submitted does not contain any evidence of the patient's motivation to change or a functional baseline assessment to assist in determining functional improvements related to the program. As such, the requested Functional Restoration Program is not medically necessary or appropriate.