

Case Number:	CM13-0064273		
Date Assigned:	01/15/2014	Date of Injury:	07/13/2011
Decision Date:	07/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 patient with a date of injury of 7/13/11. A utilization review determination dated 12/3/13 recommends modification of a functional restoration program from 160 hours to 80 hours. 10/24/13 FRP initial medical evaluation notes that the patient has chronic neck and low back pain with radiation into the RLE. On exam, there is tenderness, limited ROM, guarding, and antalgic gait. He does not appear to be a surgical candidate and has tried conservative management without benefit. Documentation suggests that the patient appears to be a good candidate for a functional restoration program. Musculoskeletal and psychological evaluations also were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Functional Restoration Program (160 Hours): 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: California MTUS supports chronic pain programs/functional restoration programs when: 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; & Negative predictors of success have been addressed. They also note that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the medical information available for review, there is documentation of failure of conservative treatment and lack of candidacy for surgical or other forms of treatment. There was a multidisciplinary examination suggesting that the patient is a good candidate for the program. However, the request for 160 hours exceeds the CA MTUS recommendation against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Functional Restoration Program (160 Hours) is not medically necessary.