

Case Number:	CM13-0067552		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2013
Decision Date:	08/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 male patient with the date of injury of January 11, 2013. A Utilization Review was performed on December 9, 2013. A Visit Note dated October 28, 2013 identifies Subjective Complaints of cervical neck pain and low back pain. He recently completed the initial evaluation in the functional restoration program. Objective Findings identify the patient shows no signs of malnourishment, obesity, deformity, poor dentition or poor hygiene. Diagnoses identify sprain strain lumbar region. Treatment Plan identifies functional restoration program. A Functional Restoration Program Initial Evaluation dated October 24, 2013 identifies the patient received an adequate and thorough evaluation, previous methods of treatment have been unsuccessful, he has significant losses in his ability to function independently, he is not a surgical candidate, and he exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

████████████████████ FUNCTIONAL RESTORATION PROGRAM, 160 HOURS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Regarding the request for [REDACTED] Functional Restoration Program, 160 hours, the 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; and Negative predictors of success above have been addressed. Within the medical information available for review, there is documentation that an adequate and thorough evaluation has been made including baseline functional testing, a statement indicating that other methods for treating the patient's pain have been unsuccessful, the patient has lost the ability to function independently, and a statement indicating that there are no other treatment options available. Additionally, there is a note regarding motivation to change and negative predictors of success. However, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 160 hours of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. As such, the currently requested [REDACTED] Functional Restoration Program, 160 hours, is not medically necessary.