

Case Number:	CM13-0068502		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2010
Decision Date:	06/06/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 63-year-old female who reported an injury on 09/28/2010 due to a fall. The injured worker reportedly sustained injury to her neck, head and right upper extremity. The injured worker's treatment history included epidural steroid injections, physical therapy, acupuncture, medications, and a home exercise program. The injured worker underwent a functional restoration program evaluation on 11/12/2013. It is documented that the injured worker's work demand level was sedentary, the injured worker scored a 4 to 6 on the activities of daily living scale due to moderate disability, 47 on the Tampa Scale for Kinesiophobia documenting a severe fear of movement, a 6.5 on the Brief Pain Inventory documenting moderate pain, a 4.6 on the Brief Pain Inventory Interference Scale documenting moderate interference from pain, a 3 on the Patient Health Questionnaire supporting mild depression, and a 0 on the Generalized Anxiety Disorder Scale reporting that the injured worker did not suffer from anxiety. It is documented that the injured worker was not a candidate for surgery, was willing and motivated and that all negative predictors had been addressed. The treatment recommendation was made for entrance into a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL RESTORATION PROGRAM, 10 DAYS OVER 2 WEEKS, 5 DAYS A WEEK, 6 HOURS A DAY: Overturned

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

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, 10 days over 2 weeks, 5 days a week, 6 hours a day is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends a functional restoration program for duration of 2 weeks for appropriately identified injured workers. The clinical documentation submitted for review does support that the injured worker has a loss of function resulting from chronic pain, is not a candidate for surgery, is motivated to change, all negative predictors have been addressed, and an adequate and thorough physical and psychological evaluation was provided. The clinical documentation submitted for this review does indicate that the injured worker has failed to respond appropriately to several conservative treatments to include acupuncture, physical therapy, and medications. Therefore, a functional restoration program would be appropriate for this injured worker. As such, a functional restoration program 10 days over 2 weeks, 5 days a week, 6 hours a day is medically necessary and appropriate.