

Case Number:	CM13-0068675		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2011
Decision Date:	03/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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:

This case involves a 44-year-old female, who sustained an injury from involvement in a motor vehicle accident on 7/28/11, while employed by [REDACTED], [REDACTED]. The injuries included a forehead laceration, a head injury, the left shoulder, the right ribs, and the left knee. The request under consideration include: transitional step down program times eight (8) sessions (six hours per session). There is a discharge summary from the functional restoration program (FRP), which she was enrolled from 9/30/13 to 11/22/13. According to the medical report, the patient made steady gains on a weekly basis from the functional, medical, and psychological standpoints. She was able to significantly decrease her medications during this time period. Her depressions significantly improved. Treatment to date has included physical therapy, aqua therapy, and spinal cord stimulator trial. The diagnostic impression is post-concussion syndrome, psychogenic pain, depression, headaches, and anxiety. The request for additional sessions above was non-certified on 12/9/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional step down program times eight (8) sessions (six hours per session): 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 Functional Restoration Programs Page(s): 30-34.

Decision rationale: The Chronic Pain Guidelines indicate that criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. The criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. The medical report submitted identified the patient's overall gains and apparent success from the two (2) months in a functional restoration program (FRP) already rendered. The guideline criteria supports continuing a functional restoration program beyond twenty (20) sessions; however, requires clear rationale and functional improvement from treatment rendered along with reasonable goals to be achieved with specific individual care plans and focused goals. The submitted reports have not demonstrated a clear rationale to support further sessions beyond the recommendations of the guidelines. The request is not medically necessary and appropriate.