

Case Number:	CM13-0069383		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2006
Decision Date:	04/09/2014	UR Denial Date:	11/22/2013
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 Orthopedic Surgery, and is licensed to practice in Texas, Indiana, Michigan and Nebraska. 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 55-year-old female who reported an injury on 11/01/2006. The mechanism of injury was a fall. The patient was diagnosed with pain disorder associated with both general medical condition and psychological factors; depressive disorder; anxiety disorder; and psychosocial problems loss of work, loss of hobbies, financial difficulties and increased social isolation. The patient had been treated with medication, aqua therapy, massage, and acupuncture. The patient had also used a TENS unit. The patient reported pain to the low back with the worst pain radiating down the left leg. The patient was treated with Cymbalta, gabapentin, and naproxen. The patient had a Functional Capacity Evaluation on 11/07/2013. The patient was recommended a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x hours (01/06/14 to 02/14/14) quantity 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: CA MTUS states functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The guidelines also state these programs emphasize the importance of function over the elimination of pain. The patient complained of pain; however, no objective clinical documentation was submitted for review indicating a failure of conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.