

Case Number:	CM14-0000440		
Date Assigned:	01/10/2014	Date of Injury:	11/28/2006
Decision Date:	07/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, and is licensed to practice in Hawaii. 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 case is a 54-year-old patient with a date of injury on 11/28/2006. Medical records indicate that the patient is undergoing treatment for thoracic sprain/strain, cervicgia, depression NOS, pain disorder, and anxiety disorder NOS. Subjective complaints (10/31/2013 to 11/28/2013) remained unchanged and included pain to neck, bilateral upper extremities, low back, and bilateral lower extremities. Objective findings (10/31/2013) include decreased range of motion to cervical and lumbar spine, 10% squat, 6.5 lbs lifting, and poor stabilization of truck, shoulders, legs. Treatment has included multiple medications, physical therapy (unknown quantity), acupuncture (unknown quantity) and Functional Restoration Program (initial evaluation on 10/31/2013 and subsequent evaluation on 11/7/2013). A utilization review dated 11/18/2013 noncertified a request for [REDACTED] FUNCTIONAL RESTORATION PROGRAM X 160 HOURS due to insufficient documentation for entry into the program. Of note, a subsequent modification (12/13/2013) of the request certified for a trial equivalent of 2 weeks (80 hours) of a full time restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **FUNCTIONAL RESTORATION PROGRAM X 160 HOURS:** Upheld

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

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

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program consisting of 160 hours without providing any interim evidence of progress. As such, the request for [REDACTED] [REDACTED] functional restoration program x 160 hours is not medically necessary.