

<b>Case Number:</b>	CM14-0001854		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck and upper back pain associated with an industrial injury date of August 9, 2012. Treatment to date has included medications, cognitive behavioral therapy, physical therapy, acupuncture, and completed 160 hours or 20 sessions of functional restoration program, which ended on December 20, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of neck and upper back pain but was using his medication minimally and was able to better cope with his chronic pain after completing the functional restoration program. On physical examination, neck and shoulder range of motion improved. There was weakness in shoulder flexion and abduction. Utilization review from December 31, 2013 modified the request for Cont. [REDACTED] x6 Aftercare Sessions to x4 sessions because the patient successfully completed the Functional Restoration Program (FRP) and needed to maintain the gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONT [REDACTED] X6**  
**AFTERCARE SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM (FRP) Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, continued functional restoration program (FRP) participation is supported with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the patient has completed 20 sessions of FRP with documented subjective and objective functional gains. An additional six sessions of aftercare was requested to help the patient consolidate the gains and make a successful transition into the context of his everyday life. Aftercare would include onsite meetings with a psychologist and a group of other participants in order to gain assistance consolidating gains made during participation in the FRP and to transition those gains into daily life. Sessions occur at a two-week interval following completion of treatment. A clear rationale was provided and reasonable goals were stated; therefore, the request for cont [REDACTED] [REDACTED] x6 aftercare sessions is medically necessary.