

Case Number:	CM14-0002325		
Date Assigned:	01/24/2014	Date of Injury:	02/06/2013
Decision Date:	12/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 2/6/13. A utilization review determination dated 12/19/13 recommends non-certification of an FRP x 6 weeks. The first 2 weeks began on 10/31/13 and the total number of sessions completed was not clear. 12/30/13 medical report identifies that the patient initiated the FRP on 10/31/13 and made substantial progress in all areas including the ability to lift and carry weight and improved depression. 10 sessions were completed and 6 additional weeks were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34,49.

Decision rationale: Regarding the request for functional restoration program x 6 weeks, California MTUS recommends a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Additionally, treatment is not

recommended for more than 20 full-day sessions. Within the medical information available for review, the patient has completed 10 sessions with some improvement noted. However, the current request for 6 weeks is equivalent to 30 sessions in addition to the 10 already completed. This well exceeds the 20 sessions recommended by the CA MTUS and there is no clear rationale for twice the amount of supported sessions. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested functional restoration program x 6 weeks is not medically necessary.