

Case Number:	CM14-0005696		
Date Assigned:	02/07/2014	Date of Injury:	07/03/2012
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 a 43-year-old who has submitted a claim for Cervical Spondylosis without Myelopathy associated with an industrial injury date of July 3, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back pain radiating to his leg. On physical examination, no sensorimotor deficits were reported on the lower extremities. Straight leg raise test was negative. There was spasm and guarding of the lumbar spine. Treatment to date has included medications, physical therapy, left L5-S1 transforaminal lumbar epidural steroid injection, chiropractic care, and psychiatric treatment. Utilization review from December 11, 2013 denied the request for [REDACTED] Functional Restoration Program [REDACTED] (hourly) QTY: 160 because the records failed to establish that the patient has exhausted lower levels of care and also because the requested number of hours was excessive. Another utilization review from January 31, 2014 denied the request for 160 hours at [REDACTED] Functional Restoration Program [REDACTED] because there was insufficient information to support a change in determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **FUNCTIONAL RESTORATION PROGRAM** [REDACTED]
(HOURLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN PROGRAMS, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 31-32.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the patient underwent an initial evaluation into the functional restoration program and was found to be a good candidate for it. An appeal also stated that previous conservative therapy have been unsuccessful and that the patient did not appear to be a candidate for surgical treatment. The appeal also stated that the patient exhibited motivation to change and negative predictors of success were addressed. However, the present written request failed to specify the intended duration of participation in the functional restoration program. Guidelines state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Although participation in a functional restoration program may be appropriate, the present request is incomplete. The request for [REDACTED] Functional Restoration Program [REDACTED] (hourly) is not medically necessary or appropriate.