

Case Number:	CM14-0006258		
Date Assigned:	03/03/2014	Date of Injury:	07/26/2006
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 61-year-old female who has submitted a claim for Cervical Disc Displacement without Myelopathy, Neck Pain, and Pain in the Shoulder Joint, associated with an industrial injury date of July 26, 2006. The medical records from 2009 through 2014 were reviewed, which showed that the patient complained of neck, shoulder, and upper extremity pain. The patient also reported that the functional restoration program was helpful and she was able to decrease her medication intake. On physical examination, the patient was alert and oriented. She ambulated to the examination room without assistance. The treatment to date has included medications, acupuncture, physical therapy, home exercise program, cervical epidural steroid injections, lumbar epidural steroid injections, bilateral shoulder surgery, and functional restoration program for six weeks for a total of 160 hours. A utilization review from December 31, 2013 denied the request for 6 aftercare sessions of FRP (Functional Restoration program) because there was no documentation of a stated rationale for the necessity of an aftercare program as opposed to follow-up with regular office visits and the proposed number of aftercare sessions would exceed the time-limited follow-up of no more than 1-2 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) AFTERCARE SESSIONS OF FUNCTIONAL RESTORATION PROGRAM:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Aftercare.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration should generally not exceed 20 full-day sessions. The treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the patient was able to complete participation in a functional restoration program for six weeks for a total of 160 hours. The Official Disability Guidelines (ODG) states that treatment post functional restoration program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. In this case, the records state that six sessions of aftercare treatment were requested so that the patient can consolidate the gains she made and make a successful transition into the context of her 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 program participation. Aftercare sessions occur at a two-week interval following completion of program treatment. A clear rationale for the specified extension was provided and reasonable goals were explained. Therefore, the request for six (6) aftercare sessions of functional restoration program is medically necessary.