

Case Number:	CM14-0009726		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2012
Decision Date:	12/05/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/24/2014

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 Family Practice 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 injured worker is a male who sustained a work injury on November 19, 2012 involving the neck and low back. He was diagnosed with cervical spondylosis, lumbar spondylosis and chronic pain. In addition he was diagnosed with diabetes, hypertension and right shoulder impingement syndrome. He had used topical pain medication, muscle relaxers and undergone a home exercise program. A progress note on Dec 13, 2014 indicated the claimant had reduced range of motion in the cervical and the lumbar spine. His pain level was 6/10. The treating physician requested additional 40 sessions of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, five (5) times per week for eight (8) weeks #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 48.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy. Treatment duration in excess of 20 sessions requires a clear rationale for

the specified extension and reasonable goals to be achieved... The rationale and goals were not clearly outlined. Therapeutic response to the first few weeks of a functional restoration program was unknown prior to the request. The request for 40 sessions of functional restoration program is not medically necessary.