

Case Number:	CM14-0015241		
Date Assigned:	02/28/2014	Date of Injury:	03/13/2001
Decision Date:	07/03/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 03/13/2001. The mechanism of injury was reported to be lifting. Per the consultation report dated 10/09/2013, the injured worker reported constant neck pain, headaches, poor sleep, poor balance, and dizziness. The claimant reported her pain at the best is 4/10, at the worse is 10/10. Per the progress note dated 11/04/2013, the claimant was reported to have increased range of motion of the cervical spine including flexion, extension, side bending, and rotation, decrease in trigger points on palpation. Upper extremity strength and deep tendon reflexes were normal. No other changes were noted. Request for authorization for medical treatment for the functional restoration program, 80 hours, was dated 12/27/2013. The provider's rationale for the request was to continue in the functional restoration program to the full 160 hours. Previous treatments included acupuncture, chiropractic, physical therapy, and the first 9 visits of the 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 80 HOURS (5 HOURS/DAY) FOR A TOTAL OF 16 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRP'S).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Chronic pain programs (functional restoration programs) Page(s): 7, 30.

Decision rationale: According to the California MTUS Guidelines, functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. Functional restoration is the process by which the individual acquires skills, knowledge, and behavioral change necessary to avoid preventable complications and assume or reassume primary responsibility for his or her physical and emotional well being post injury. The likelihood of return to work diminishes significantly, however, after approximately 3 months of sick leave. It is now being suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability and that this may be a period of no later than 3 to 6 months after a disabling injury. Independent self management is the long-term goal of all forms of functional restoration programs. Functional restoration programs are recommended for patients with conditions that put them at risk of delayed recovery. The patients should also be motivated to improve and return to work and meet the patient's selection criteria. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, there was a lack of quantitative data detailing functional improvements in the injured worker after the previous 9 sessions. There was a lack of documentation regarding current psychological deficits or improvements by the employee. There was a lack of clinical documentation detailing the injured worker's current functional capacity or the goals for continued treatment. The documentation provided did not indicate an overall increase in function between 10/2013 and 12/2013. In addition, the MTUS guidelines note that treatment should be no longer than 3 to 6 months after initial injury; however, the employee's reported date of injury was in 2001. Therefore, the request for functional restoration program 80 hours, 5 hours a day, for a total of 16 sessions is not medically necessary and appropriate.