

Case Number:	CM14-0017889		
Date Assigned:	04/16/2014	Date of Injury:	06/12/2012
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/12/2014

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 57 year old female who was injured on 06/12/2012. A progress note dated 03/04/2014 documents the patient is a graduate of the [REDACTED]. The program did teach her a lot in regards to her chronic pain. However, at the end of the program, she did notice that her pain was increasing with the PT and she did not feel as agile. Her pain today is 6/10 without medications. Since the program, she started utilizing her medications as needed and now utilizes on 1 tablet of Norco daily. On objective findings the patient ambulates to the examination room with a one point cane. Diagnoses include stenosis spinal lumbar and spondylosis lumbosacral.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 25 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS, 32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the MTUS Chronic Pain Guidelines, interdisciplinary pain programs involve a team approach that is outcome focused and coordinated and offers goal-

oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. According to the medical records provided for review, the patient has completed the FRP program as of 3/4/2014. The Official Disability Guidelines state the total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions). Her progress or functional gains over the course of the program have been generally minimal. The ODG states that after completing the program, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted. At this juncture, the patient should be adequately educated in how to utilize what she learned within the program, and apply those instructions independently. There is no evidence in the medical records to support further participation in such a program. The request is not medically necessary and appropriate.