MAXIMUS Federal Services

Case Number:	CM14-0018148		
Date Assigned:	04/16/2014	Date of Injury:	02/02/2012
Decision Date:	05/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Rehabilitation, 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:

This is a female patient with a date of injury of February 2, 2012. A progress report dated October 4, 2013 indicates that the patient will begin a functional restoration program in November 2013. A functional restoration program weekly progress report after the patient had completed 23 hours indicates that the patient is beginning to develop the foundations of an exercise program and acceptance that improved psychological and behavioral capabilities will be needed to deal with her pain complaints. Goals for the second week of the function restoration program were also described. A second weekly progress report after the patient had completed 52 hours of therapy (2 weeks) dated November 22, 2013 indicates that the patient's lumbar spine flexion has improved to 50%, her right upper extremity range of motion flexion to 95Â° and abduction to 65Â°, left upper extremity strength for flexion 4/5 and abduction 4/5, and the patient is working on seeking out pain relieving activities as appropriate and participating in class. The note goes on to indicate that after two weeks the patient has 20% reduction in severe and significant symptoms of anxiety and depression based on Hamilton scales, she is less isolated and more engaged with her family and community. Additional treatment goals are outlined for the remainder of the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 140 HOURS FOR THE THORACIC/LUMBAR/SHOULDERS/LEFT LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: The California MTUS supports chronic pain programs/functional restoration programs when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, when the patient has a significant loss of ability to function independently resulting from the chronic pain, when the patient is not a candidate for surgery or for other treatments, when the patient exhibits motivation to change, and is willing to forgo secondary gains (including disability payments to effect this change), and when negative predictors of success have been addressed. Furthermore, functional restoration program treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 full day 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 the chronicity of disability and other known risk factors for loss of function. A progress report after the initial two week trial indicated objective functional improvement, psychological improvement, and reasonable ongoing treatment goals. The note indicated that the patient had undergone 52 hours of therapy after two weeks. Guidelines do not support treatment duration in excess of 20 full day sessions unless there is clear rationale for the specified extension and reasonable goals to be achieved. Longer duration of treatment requires individualized care plans and proven outcomes. The currently requested 140 hours of the functional restoration program in addition to the 52 hours already provided would total 192 hours. 192 hours exceeds the maximum 20 full day sessions (160 hours) supported by guidelines. Unfortunately, there is no provision to modify the current request. As such, the current request is not medically necessary.