

Case Number:	CM14-0111198		
Date Assigned:	08/01/2014	Date of Injury:	09/02/2013
Decision Date:	09/25/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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:

According to the records made available for review, this is a 37-year-old female with a 9/2/13 date of injury. At the time (7/3/14) of request for authorization for Functional Restoration Program 20 more days (10 previously authorized), there is documentation of subjective (ongoing benefit with learned strategies, continues with good expectations and motivation to move forward, and self-report of physical sensation of pain and self-report of emotional distress from pain have slightly decreased) and objective (improvements in objective measures of range of motion and strength) findings, current diagnoses (sprain lumbar region), and treatment to date (functional restoration program (2 weeks completed to date), physical therapy, and chiropractic treatment). Medical report identifies treatments goals and identifies patient's post-program goal is to secure new employment. There is no documentation of a clear rationale for the specified extension and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of functional restoration program sessions provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 20 more days (10 previously authorized): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain lumbar region. In addition, there is documentation of 10 days of a functional restoration program with subjective (ongoing benefit with learned strategies, continues with good expectations and motivation to move forward, self-report of physical sensation of pain and self-report of emotional distress from pain have slightly decreased) and objective (improvements in objective measures of range of motion and strength) gains. Furthermore, there is documentation of reasonable goals to be achieved. However, there is no documentation of a clear rationale for the specified extension. In addition, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of functional restoration program sessions provided to date. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program 20 more days (10 previously authorized) is not medically necessary.