

Case Number:	CM14-0115707		
Date Assigned:	08/04/2014	Date of Injury:	03/17/2013
Decision Date:	09/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 the date of injury of March 17, 2013. A Utilization Review was performed on July 7, 2014 and recommended non-certification of functional restoration M-F 8:30-4:00, additional 10 days, final 2 weeks. A Progress Report dated June 27, 2014 identifies the patient has continued to demonstrate good attendance, is well motivated, and is compliant with program principles. Functionally, activities of daily living (ADLs) have improved. When a flare up occurred, she developed partial control through use of the flare up protocol. There is note that ten (10) more days are requested for a total of thirty (30) days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration M-F 8:30-4:00, additional 10 days, final 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for functional restoration M-F 8:30-4:00, additional 10 days, final 2 weeks, 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; 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Guidelines go on to recommend total treatment duration of no more than 20 full-day sessions or the equivalent in part day sessions. Within the documentation available for review, there is note that the patient has made objective functional improvement, as well as subjective gains in the time that she's been participating with the HELP program. However, the patient has already completed 20 days in the functional restoration program. Guidelines recommend total treatment duration of no more than 20 full-day sessions or the equivalent in part day sessions. In light of this issue, the currently requested functional restoration M-F 8:30-4:00, additional 10 days, final 2 weeks are not medically necessary.