

Case Number:	CM14-0150720		
Date Assigned:	09/19/2014	Date of Injury:	01/12/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 60 year old female who sustained a work injury on 1-12-12. FRP weekly report dated 8-8-14 notes the claimant had neck and low back pain. She rated her pain as 7/10 increased from the last week. The claimant continues to take Tramadol for pain symptoms. The claimant has restricted range of motion, tenderness to palpation the lumbar spine consistent with spasms. Motor strength was 5/5 except 4/5 for right shoulder flexion, decreased sensation in the right C7 dermatome of the upper extremities and bilateral L5-S1 dermatomes of the lower extremities. The claimant has had 80 hours of a FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 10 additional days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. At 80 hours, the claimant has 7/10 pain, which increased from the

week prior. This claimant continues with high levels of pain despite attending 80 hours of a FRP. Additionally, the total amount for a FRP is measured in hours not days. The claimant is participating in a part time program, at 5 hours a day. Based on the records provided, the medical necessity for additional 10 days is not supported.