

Case Number:	CM14-0162562		
Date Assigned:	10/07/2014	Date of Injury:	03/27/2013
Decision Date:	11/24/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This case is a 26 year old male with a date of injury on 10/13/2014. A review of the medical records indicate that the patient has been undergoing treatment for cervicgia, headaches, chronic pain syndrome, low back pain. Functional restoration program notes from 8-18 Sep 2014 include elevation depression and anxiety scores and increased in length of time about to walk, lift 5 pounds. Functional restoration program notes from 22-25 Sep 2014 include minimal change depression scoring and increased anxiety scoring, increased ability to lift weights and increase time of ability to walk. Treatment has included ibuprofen, nortriptyline, functional restoration program x 10 days. A utilization review dated 9/25/2014 non-certified a request for Additional Functional Restoration program x 10 days for the neck, low back, headaches and chronic pain due to lack of goal setting and rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration program x 10 days for the neck, low back, headaches and chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that, "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical records indicate that the patient has increased depression and anxiety scoring over the first 10 sessions of the program. There are some increased in lifting weights. Importantly, the medical notes do not indicate any goals for the end of the initial 10-day program, so it is extremely difficult to assess the "success" of this trial. There are goals for the second requested 10-day program, however. The medical documents do not provide clear rationale on an additional 10 day of this program is necessary. As such, the request for Additional Functional Restoration program x 10 days for the neck, low back, headaches and chronic pain is not medically necessary.