

Case Number:	CM14-0169474		
Date Assigned:	10/17/2014	Date of Injury:	02/06/2012
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 claimant is a 39-year-old male who developed chronic cervical pain subsequent to an injury dated 2/6/12. He has been treated with a C5-6 cervical disc replacement. He entered a functional restoration program and, after he completed 6 sessions over 2 weeks, a request for an additional 12 sessions was made. Objective measurements reveal no improvements in functional abilities and self-reported limitations have significantly elevated during the trial period. No significant change in medication use is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional part-day sessions of a functional restoration program (FRP): 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 Chronic pain programs Page(s): 32.

Decision rationale: MTUS Guidelines do not recommend the continued administration of a functional restoration program if a trial of 2 weeks is unsuccessful in demonstrating objective benefits. The Guidelines acknowledge that there may be some increased discomfort due to increased activities, but there is a demonstrated a worsening of several reported measurements

beyond what is reasonable to expect from activity-related soreness/stiffness. The request for a 12-session extension is not supported by the guidelines and is not medically necessary.