

Case Number:	CM14-0181833		
Date Assigned:	11/06/2014	Date of Injury:	03/27/2013
Decision Date:	12/11/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 is a patient with a date of injury of 3/27/13. A utilization review determination dated 10/31/14 recommends non-certification of Functional Restoration Program (FRP). An FRP evaluation was certified. It referenced a 10/17/14 medical report identifies goals for the program. The provider did an "initial pre-program evaluation" addressing issues of secondary outcomes and negative predictors of success. Motivation was noted and psychosocial distress levels appear to be stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

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

Decision rationale: Regarding the request for Functional Restoration Program x 10 days, California MTUS supports chronic pain programs/functional restoration programs when: 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; 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. Within the medical information available for review, the provider notes that he performed an initial evaluation, but there is no documentation of multidisciplinary evaluation including baseline functional testing. The utilization reviewer did modify the request and certified an FRP evaluation for that purpose, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Functional Restoration Program x 10 days is not medically necessary.