

Case Number:	CM14-0021947		
Date Assigned:	05/09/2014	Date of Injury:	08/20/2011
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient with a date of injury of 8/20/11. A utilization review determination dated 2/17/14 recommends the non-certification of a functional restoration program times six (6) sessions. It notes that the patient has completed 160 hours of a functional restoration program. The 12/9/13 medical report identifies that the patient had completed one (1) week of the functional restoration program at that point and had to stop as her daughter had been diagnosed with cancer and needed to see a specialist in another state, but that she would be starting the program again on 1/6/14. The patient was seen on 1/31/14 by the provider for medication refill only.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TIMES SIX (6) SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Section: Pain (Chronic) (updated 01/07/2014) (www.odg-twc.com); and the ACOEM Guidelines, Chronic Pain, Table 2, Summary of Recommendations, Chronic Pain Disorders (<https://www.acoempracguides.org>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs) Page(s): 30-34 and 49.

Decision rationale: The Chronic Pain Guidelines indicate that in regards to a functional restoration program (FRP), the total treatment duration should generally not exceed twenty (20) full-day sessions and treatment duration in excess of twenty (20) sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, as longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Within the documentation available for review, it is noted that the patient has completed 160 hours of treatment, which is equivalent to twenty (20) full-day sessions, but there is no documentation of a clear rationale for the specified extension, reasonable goals to be achieved, and a clear indication why the patient could not reasonably progress to an independent home exercise program at this point utilizing the techniques that should have been taught during the FRP. In light of the above issues, the request is not medically necessary.