

<b>Case Number:</b>	CM14-0024214		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/01/1996
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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:

The patient is presented with a date of injury of 8/1/96. A utilization review determination dated 1/27/14 recommends non-certification of 6 monthly follow-ups after the functional restoration program x 20 days, which was certified. 1/8/14 medical report recommends that the patient participate in a functional restoration program, but it does not identify a specific rationale for the 6 monthly follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 MONTHLY FOLLOW-UPS (FOLLOWING 20 DAYS OF FUNCTIONAL RESTORATION PROGRAM): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

**Decision rationale:** The California MTUS notes that suggestions for treatment post-program should be well documented and defined goals for these interventions and planned duration should be specified. Within the documentation available for review, there is no clear rationale identifying the need for post-program treatment rather than transition to independence and

clearly defined goals for the proposed follow-up sessions have not been stated. In the absence of such documentation, the request for monthly follow-ups (following 20 days of functional restoration program) is not medically necessary and appropriate.