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| Case Number: | CM14-0026521 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 05/19/2009 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 52 year old male whose date of injury is 05/19/09. The injured worker was pounding tree stakes into the ground when a stake hit concrete. The injured worker is status post ACDF at C5-6 and C6-7. Treatment to date also includes diagnostic testing, physical therapy and medication management. Note dated 02/26/14 indicates that he has a severe flare-up of pain involving the neck and bilateral shoulders. The injured worker was recommended to continue functional restoration program which has been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY QUANTITY: 20 (20-DAYS AT [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional capacity quantity 20 (20 days at [REDACTED]) is not recommended as medically necessary. The submitted records indicate that the injured worker has previously

participated in functional restoration program; however, the number of sessions/hours is not documented. There is no updated functional capacity evaluation/physical performance evaluation or psychometric testing measures provided. CA MTUS guidelines note that total treatment duration should generally not exceed 20 full days in the program, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented.