

Case Number:	CM14-0039045		
Date Assigned:	06/25/2014	Date of Injury:	11/19/2012
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 58-year-old male who was reportedly injured on November 19, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity, cervical spine pain, right shoulder impingement, and depression. The progress note on this date stated that the injured employee has previously completed two weeks of a functional restoration program and has met the California Medical Treatment Utilization Schedule guidelines for continuation. The injured employee has stated to have a significant decrease in his depression. The attached medical record also stated that there were gains in the injured employee's tolerance for physical activities. No physical examination was performed on this date. A request had been made for an additional six weeks attendance for any functional restoration program and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (6 weeks, 5 days a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to the most recent progress note dated March 11, 2014, after two weeks of participation in a functional restoration program the injured employee stated to have decreased depression and increased ability to perform general functional activities. However according to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Therefore without additional rationale and treatment goal stated this request for participation in a functional restoration program for six weeks is not medically necessary.