

Case Number:	CM14-0047234		
Date Assigned:	07/07/2014	Date of Injury:	02/03/2012
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/16/2014

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 2/3/12. A utilization review determination dated 1/14/14 recommends non-certification of a trial of a functional restoration program x 10 days. On 1/9/14 psychological evaluation note recommends an interdisciplinary chronic pain management program to address chronic pain, physical deconditioning/loss of function, and symptoms of depression/anxiety. 5/22/14 medical report identifies back pain with numbness, tingling, and weakness. Multiple treatments have been attempted. There is difficulty performing ADLs. On exam, there is tenderness, limited ROM, weakness, decreased sensation in the lateral right leg, positive SI joint compression test, and slump test positive on the right. 4/9/14 FCE report identifies the patient's limited physical abilities and recommends that the patient is an excellent candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Functional Restoration Program x10 days, 2 days per week for 5 weeks: Overturned

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

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

Decision rationale: Regarding the request for Trial Functional Restoration Program x10 days, 2 days per week for 5 weeks, 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 have been addressed. Within the medical information available for review, it appears that the criteria for the initial 10 days of an FRP have been met. The documentation notes evaluations from PM&R, PT, and psychiatry recommending candidacy for the program with baseline testing, the patient has chronic pain with lack of success of prior treatment and a lack of other options likely to improve the pain, and significant functional limitations. Up to 2 weeks of treatment are supported initially by the California MTUS. In light of the above, the currently requested Trial Functional Restoration Program x10 days, 2 days per week for 5 weeks is medically necessary.