

Case Number:	CM14-0057664		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2013
Decision Date:	09/05/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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 67-year-old female with a 3/17/13 date of injury. The mechanism of injury was a lift with twisting motion. According to a progress report from the functional restoration program dated 6/27/14, the patient's activities of daily living have improved. She provided examples of her ability to perform increased chores with less impairment. Her self-report of physical sensation of pain and her emotional distress from her pain have decreased. There have been improvements in the objective measures of ROM and strength. Overall, the combination of providing cognitive behavior strategies for pain and teaching/training of a flare up protocol simultaneously with an exercise program is demonstrating success. Diagnostic impression: lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, shoulder strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/24/14 modified the request for Functional Restoration Program for two to six weeks to Functional Restoration Program for four weeks. A specific rationale for the modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for two to six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. This patient has already completed 20 sessions in a functional restoration program. An additional 10 sessions would exceed guideline recommendations. A specific rationale regarding what goals are expected to be achieved from an additional 10 sessions was not provided. Therefore, the request for Functional Restoration Program for two to six weeks was not medically necessary.