

Case Number:	CM14-0073151		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2012
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 female patient with the date of injury of September 4, 2012. A Utilization Review was performed on May 7, 2014 and recommended non-certification of functional restoration program 5xWk x 2Wks (10 days) due to failing to meet specific requirements. A Functional Restoration Program Evaluation dated March 26, 2014 identifies Interim History of continued ongoing pain and discomfort in the low back and leg. She also describes pain in her bilateral wrists. Examination identifies tenderness to palpation of the quadratus lumborum and supraspinatus region bilaterally. Sensation was decreased to light touch bilaterally. There was tenderness noted on the elbow, wrist, and medial epicondyle region bilaterally. Sensation was also decreased to light touch to the upper extremities. There was a positive Tinel's sign and Phalen's signs bilaterally. Diagnoses identify repetitive strain injury, lumbosacral disc injury, possible carpal tunnel syndrome, bilateral wrists, lumbar sprain/strain, myofascial pain syndrome, and bilateral wrist tendonitis. Treatment Plan identifies initial two weeks functional restoration program. The patient has completed a vigorous course of conservative medical treatment, including physical therapy, chiropractic treatment, epidural injections, electro-acupuncture treatments, TENS unit, and medication. The patient is not a candidate nor desires any type of surgical treatment. She has exhibited motivation for change, and negative predictors of success were addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 times per week for 2 weeks (10 days): 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 (Effective July 18, 2009) Page(s): 30-34; 49.

Decision rationale: Regarding the request for Functional Restoration Program, California MTUS supports chronic pain programs/functional restoration programs when: 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, and negative predictors of success above have been addressed. Within the medical information available for review, an adequate and thorough evaluation has been made including baseline functional testing, other methods for treating the patient's pain have been unsuccessful, there is a statement indicating that the patient has lost the ability to function independently, and a statement indicating that there are no other treatment options available. As such, the currently requested Functional Restoration Program is medically necessary.