

Case Number:	CM14-0074692		
Date Assigned:	07/16/2014	Date of Injury:	01/23/2007
Decision Date:	08/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 01/23/2007. The mechanism of injury was not provided within the documentation. Her prior treatments were noted to be medications and a functional restoration program. Her diagnosis was noted to be neck sprain/strain. A progress note dated 06/09/2014 finds the injured worker doing reasonably well, although she suffered a serious fall, and has had struggles with pain ever since. It was noted the falls occur less frequently than they used to, however, they still occur on a monthly basis. It was noted that when the injured worker falls, she almost invariably has a pain flare of some significance afterwards, as well as psychological issues that follow. The examination noted the injured worker appropriately groomed and less depressed. Her affect was appropriate, and she was oriented as well as grossly intact to immediate recall, recent and remote events. The treatment plan includes a refill for Norco. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two weeks Refresher Course, Functional Restoration Program, at [REDACTED] for 50 hours of Contact Time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain management Programs Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The request for 2 weeks refresher course, functional restoration program, at [REDACTED] for 50 hours of contact time is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend functional restoration programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. An adequate and thorough evaluation should be made including baseline functional testing, so followup with the same test can note functional improvement; previous methods of treating chronic pain shown unsuccessful and in absence of other options likely to result in significant clinical improvement; the patient showing significant loss of ability to function independently resulting from the chronic pain; the injured worker not a candidate for surgery or other treatments; patient must be willing to change foregoing secondary gains including disability payments to effect this change; and negative predictors of success would need to be addressed. The clinical documentation provided for review fails to adequately meet the criteria for a functional restoration program. It is not noted that the injured worker is motivated and wanting to return to work. The injured worker has had a functional restoration program as part of her treatment thus far, and it is not noted that that program was providing efficacy for her. As such, the request for 2 weeks refresher course, functional restoration program, at [REDACTED] for 50 hours of contact time is not medically necessary.