

Case Number:	CM14-0078695		
Date Assigned:	07/18/2014	Date of Injury:	08/29/2013
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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:

The case involves a 44 year-old male with a 6/29/13 date of injury. According to the 5/5/14 report from ██████████, the patient completed the FRP (Functional Restoration Program) on 5/9/14. He attended the FRP 3/31/14 to 5/9/14 with improvement in motion, strength, and mood, but there is no mention if he had returned to work. ██████████ requested 6 additional aftercare sessions. UR (utilization review) denied the request for the additional 80 hours of aftercare as the patient already completed 154 hours of the program. According to the 6/13/14 appeal from ██████████, the patient slipped and fell at work on 6/29/13. He continues to have neck pain and was assessed as having a cervical sprain. ██████████ clarifies that the request was not for 80 hours of aftercare, it was for the 80 hours of the FRP. The initial 80 hours was approved, the patient had 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with neck pain. He has completed about 160 hours of the FRP from [REDACTED]. Apparently the initial 80 hours of the FRP were approved and [REDACTED] would like the 2nd 80 hours approved. The IMR request is for 80 hours of the FRP. MTUS guidelines state the program should not exceed 20 full days. At 8 hours/day, this is 160 hours. The patient was approved for 80 hours, and the records show there was some vague improvements, in the first week but more significant improvement after the 160 hours, the left shoulder ROM was reported improving from 120 degrees, to full ROM, strength was reported at 3+/5 at the beginning and is now 5/5. At the start of the program he was taking a muscle relaxant and Ultracet, now he takes a different muscle relaxant, still uses Ultracet and also topical diclofenac. MTUS states: Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The records do demonstrate efficacy with subjective and objective gains. The second half (80 hours) of the FRP appears to be in accordance with MTUS guidelines. Recommend authorization.