

Case Number:	CM14-0088490		
Date Assigned:	07/23/2014	Date of Injury:	10/12/2012
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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:

There were 104 pages provided for review. The request for independent medical review was signed on June 12, 2014. It was for a functional restoration program for 27 hours per week for six weeks for a total of 162 hours. As of the multidisciplinary pain management evaluation from April 22, 2014 the pain ranged from 5 to 7 out of 10. The patient was evaluated by a qualified medical examiner on February 5, 2014 and it was deemed that the patient was permanent and stationary. The patient had a 12% whole person impairment rating. Future medical care would include ongoing exercises, orthopedic visits physical therapy, anti-inflammatory and pain medicine. She is not a surgical candidate. A functional restoration program was an option. She had tenderness at the spine. The gait was antalgic. She had symptoms of chronic pain, insomnia, depression and anxiety. The patient was injured while lifting a case of wine that weight about 35 pounds. The medicines were ibuprofen and omeprazole. The patient had successful initial function restoration; the request was for about 162 more hours, Or 20 8 hour days, which far exceeds guides, as up to two weeks or 80 hours should be done initially in the patient's progress assessed. The request was partially certified for the program at just two weeks 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 160 units = 27 hour/wk X 6 wk = 162 hour: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. I would agree that 162 hours are excessive, as guides note there should be two week periods with assessment. The request was appropriately determined not to be medically necessary.