

Case Number:	CM14-0194564		
Date Assigned:	12/02/2014	Date of Injury:	01/23/2012
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain 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 patient with a date of injury of January 23, 2012. A utilization review determination dated November 13, 2014 recommends non-certification for a functional restoration aftercare program. A discharge report dated November 7, 2014 states that the patient has successfully completed a functional restoration program. He has reported significant improvements in his mood, mental status, ability to engage in activities of daily living, and overall functionality. The patient has managed to incorporate and utilize cognitive behavioral techniques to help cope with his pain. He continues to practice daily physical training, meditation, and relaxation breathing. Extensive improvements throughout the functional restoration program are documented. The note goes on to recommend aftercare to "bridge the transition from NC FRPs intensive daily program to the stage following completion of the program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program sessions for six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for Functional restoration aftercare program sessions for six sessions, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to be significantly improved and has continued to use numerous techniques taught in the FRP. It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. In the absence of such documentation, the currently requested Functional restoration aftercare program sessions for six sessions are not medically necessary.