

Case Number:	CM14-0195500		
Date Assigned:	12/03/2014	Date of Injury:	08/02/2012
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 45-year-old gentleman with a date of injury of 08/02/2012. A supplemental treating physician note dated 11/17/2014 identified the mechanism of injury as a heavy wall panel fell on the worker, resulting in pain throughout the back. This supplemental treating physician note indicated the worker was experiencing neck pain that went into both arms and the upper back, left shoulder pain, lower back pain that went into the mid-back and both buttocks with numbness and tingling in the legs, depressed and anxious mood, and problems sleeping. No other clinical records were submitted for review. The note summarized prior documented examinations as having described depressed and anxious affect, tenderness and stiffness in the neck and upper back, decreased motion in the left shoulder joint, tenderness in the lower back with spasm and decreased motion in those joints, positive testing involving raising a straightened left leg, and a painful walking pattern. The submitted and reviewed documentation concluded the worker was suffering from neck, left shoulder, and lower back pain. Treatment recommendations included oral and topical pain medications, a functional restoration program for six weeks, and follow up care. A Utilization Review decision was rendered on 11/12/2014 recommending non-certification for 160 hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (fun. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic pain programs (functional restoration programs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. A two week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The submitted documentation concluded the worker was suffering from neck, left shoulder, and lower back pain despite treatment with surgery, oral and topical medications, physical therapy, and acupuncture. The request exceeds the recommended initial two week trial. There was no discussion detailing extenuating circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 160 hours of a functional restoration program is not medically necessary.