

Case Number:	CM14-0218322		
Date Assigned:	01/08/2015	Date of Injury:	07/30/2007
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old male who sustained a work related injury on 7/30/2007. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Agreed Medical Examiner's Reevaluation and Supplemental report dated 9/12/2014 the injured worker reported symptoms of reflux and heartburn. An upper GI endoscopy dated 6/10/2014 demonstrated delayed gastric emptying. He is status post an umbilical hernia repair approximately one year ago. Objective physical examination is described as no changes since last evaluation and his blood pressure is stable. Per the report he has reached maximum medical improvement with no evidence of residual permanent impairment after his umbilical hernia repair. It is likely constipation is secondary to the use of narcotic pain medications. He is not currently working and has not been for seven years. On 12/02/2014, Utilization Review non-certified a prescription for a Functional Restoration Program. The clinical information submitted fails to meet the evidence based guidelines. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days of Functional Restoration Program (Days 21-30): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that, "Long-term evidence suggests that the benefit of these programs diminishes over time." "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The patient appears to have benefited from multiple treatments with in the first 20 sessions of the functional restoration program. A progress note dated 12/3/14 from [REDACTED], FRP team conference week 3 clearly details progress and provides a detailed rationale to continue therapy for days 21-30. As such, the request for 10 Days of Functional Restoration Program (Days 21-30) is medically necessary.