MAXIMUS Federal Services

Case Number:	CM15-0006122		
Date Assigned:	01/15/2015	Date of Injury:	12/10/2013
Decision Date:	04/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 30-year-old male, who sustained an industrial injury on 12/10/2013. On request for authorization dated 12/11/2014 the request for functional restoration program was noted with a diagnosis of lumbar degenerative disc disease. On provider visit dated 11/13/2014 the injured worker has reported right shoulder pain, right elbow pain, low back pain, pain in right arm, pain in nose. On examination, he was noted to be tearful at times and the cervical spine was abnormal with the head in a forward position. The diagnoses have included pain in joint upper arm, pain of nose, degeneration of lumbar intervertebral disc, pain in right arm, fracture of humerus, shoulder pain, closed fracture of pelvis and low back pain and injury of hand. On 12/19/2014, Utilization Review modified 2 weeks of a functional restoration program (10 days, 60 hours) to include up to 18 hours of therapeutic exercise; up to 4 hours of vocational lecture; up to 8 hours of affective expression; up to 2 hours of goal setting; up to 6 hours of wellness; up to 16 hours of patient education (PT lecture, nutrition lecture, MD lecture and psychology); up to 2 nurse practitioner visits; and up to 2 physician visits. 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:

2 wks functional restore (10 d/60 hrs) 18 hrs therapeutic exercise/4 hrs vocational lecture/8 hrs affective expression/2 hrs goal setting/6 hrs wellness/16 hrs patient education (PT/nutrition/MD/psychology)2 hrs nurse practitioner visits/2 MD visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs; Functional restoration program Page(s): 31-32; 49.

Decision rationale: Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. The MTUS guidelines do not specifically address how the time should be divided within a functional restoration program, but only state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Once criteria for use have been met, the design of the program would be based upon the initial screening assessment, and the allocation of time would be best designated to the multidisciplinary team. Since the injured worker does meet criteria for a functional restoration program, the design should be structured by the treating team. Therefore, the request as written does fall within the recommendations of the MTUS guidelines, and is therefore medically necessary.