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| Case Number: | CM15-0010284 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 10/26/2012 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male sustained a work related injury on 10/26/2012. According to an office visit dated 01/02/2015, he was seen in regard to neck pain and headaches. Symptoms had remained the same since the last visit. Medications included Neurontin, Ibuprofen, Pantoprazole, Terocin and Effexor (nonindustrial basis). He continued with cognitive behavioral therapy. Impression included status post left shoulder rotator cuff repair on 01/29/2014 doing well, status post C5 through C7 anterior cervical discectomy and fusion with left-sided cervical myofascial pain and trigger points, bilateral C2 greater occipital neuralgia with headache with diversion of pain with nerve block, left scapulothoracic bursitis, multilevel thoracic disc disease and L4-L5 and L5-S1 fusion, nonindustrial. Plan of care included refill Norco, dispense Neurontin, consider facet joint injections in the future, continue with home exercise regimen, release to modified duty and follow up in four weeks. According to the provider, they were still awaiting authorization for functional restoration program. According to a previous office visit on 11/08/2014, the provider requested authorization for functional restoration program x 8 weeks that would be in lieu of the 12 sessions of work hardening program that was recommended by another provider. On 01/02/2015, Utilization Review non-certified Functional Restoration Program 5 times per week for 8 weeks for total of 40 sessions. According to the Utilization Review physician, the medical necessity for the transition into the practice's Function Restoration Program could not be established based upon the clinical guidelines and/or clinical data submitted at this time. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 times per week for 8 weeks for total of 40 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve. He has failed other conservative measures. However, a trial of 10 sessions of FRP is recommended to assess response. The request for 40 sessions exceeds the trial amount initial recommended by the guidelines and is therefore not medically necessary.