

Case Number:	CM15-0131658		
Date Assigned:	07/17/2015	Date of Injury:	11/05/2011
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old female, who sustained an industrial injury on 11/5/11. She reported pain in the left side of the head, neck, and left shoulder. The injured worker was diagnosed as having tension headache, rule out seizure disorder, and right upper extremity intention tremor. Treatment to date has included medication. On 6/4/15, the treating physician noted ongoing headaches, pain radiating down the left side of the neck, intermittent nausea associated with headaches, and a right upper extremity tremor. She has been considered for Botox injections, but a trial of Botox injections is not documented. She is not considered a candidate for neck surgery. She was scheduled for nonindustrial repair of a right femoral hernia on 07/20/15, but no clinical documentation is available after scheduled date of surgery. Currently, the injured worker complains of neck pain and headaches. She also reports episodes of dizziness several times per day and balance problems. She is unable to drive. She lives at home with her husband and a grown child. The treating physician requested authorization for a functional restoration program with overnight stay (20 full day sessions equaling 160 hours). Only the original request is considered. A recent reconsideration request submitted by the requesting facility is included in the submitted documentations, for modification to 80 hours of treatment in a functional restoration program with transportation to and from sessions. The modified request is not addressed by this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP with overnight Stay (20 Full Day Sessions= 160 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34 of 127.

Decision rationale: MTUS criteria for a functional restoration program are not met: "(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". A trial of injection therapy for her headaches is not documented. "(6) Negative predictors of success above have been addressed." There is no documented recent history and physical exam documenting recovery from recent non-industrial hernia surgery. "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains...Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." The amount of requested treatment exceeds MTUS recommendations; MTUS would not support treatment beyond 2 weeks without documented objective evidence of functional improvement. "Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning order toxicification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. (Keel,1998) (Kool, 2005) (Buchner, 2006) (Kool, 2007)" MTUS criteria for an inpatient program are not met. While transportation issues have been identified, there is no documented rationale as to why they cannot be remedied by provision of claimant's transportation to and from sessions by the insurer. Medical necessity is not currently established for the request as submitted.