

Case Number:	CM15-0132288		
Date Assigned:	07/20/2015	Date of Injury:	06/15/2013
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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 38-year-old male who sustained an industrial injury on 6/15/13 in a 7-foot fall landing on concrete and injuring his low back and bilateral knees. He currently has progressed in the functional restoration program in the areas of lifting and walking; he is participating in group and applying coping tools (per 6/17/15 note); he has sleep difficulties due to pain; he has left knee pain and back pain. There was tenderness on palpation of the paravertebral muscles of the lumbar spine. Of note, on 4/27/15 the injured worker was involved in a rear-end collision which increased his back and knee pain. Medications were Celebrex, Thermacare Heat wrap, Cymbalta. Diagnoses include left knee meniscus tear, status post arthroscopy (1/28/14, left); sprain lumbar region; sprain of knee and leg (right); depression; anxiety; somatic symptom disorder. Treatments to date include home exercise program; functional restoration program with benefit; medications. On 6/17/15, the treating provider requested 16 additional part-day sessions totaling 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program - 16 part-day sessions (80 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: As per MTUS Chronic pain guidelines, Functional Restoration Programs may be considered if criteria are met. Patient had successful FRP done with noted successful improvement. Patient had completed 16 full days of FRP. There is a noted exacerbation of pain due to a motor vehicle collision. As per MTUS guidelines, it does not recommend more than 20 full days of FRP unless there is a specific rationale and specific goal to be achieved. Request is for an additional 16 part day (8 full day) treatments. This request would exceed guideline recommendation. While the recent accident had exacerbated patient's pain, it is unclear why patient require such a large number of sessions. Patient may use the skills learned during prior FRP sessions in addition to the 4 sessions approved by Utilization Review. 16 part day sessions of Functional Restoration Program are not medically necessary.