

Case Number:	CM15-0140763		
Date Assigned:	08/05/2015	Date of Injury:	04/17/2013
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 45 year old male who sustained an industrial injury on 04-17-13. Initial complaints and diagnoses are not available. Treatments to date include a chiropractic care, acupuncture, physical therapy, and Functional Restoration Program. Diagnostic studies are not addressed. Current complaints are not addressed. Current diagnoses include closed head injury, cervical, thoracic ad lumbar spine strain; cervical and lumbar radiculopathy, and multiple cervical and lumbar disc protrusions. In a progress note dated 06-15-15 the treating provider reports the plan of care as continued participation in the Functional Restoration Program. The requested treatments include 12 Functional Restoration Program visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Functional restoration visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30.

Decision rationale: MTUS 2009 states that additional participation in a functional participation program can be considered if there is objective functional improvement. After completion of the initial round of functional restoration programs, the patient is considered totally disabled. Information concerning the patient's initial level of function and level of function after the initial sessions is not provided. The medication use prior to initiating the program and medication use after the initial sessions is also not provided. This request for additional functional restoration sessions does not adhere to MTUS 2009 and is not medically necessary.