MAXIMUS Federal Services

Case Number:	CM15-0147469		
Date Assigned:	08/10/2015	Date of Injury:	04/02/2003
Decision Date:	09/11/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 4-2-2003. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having lumbar, thoracic and cervical sprain-strain, lumbar spondylosis, thoracic or lumbosacral neuritis or radiculitis and cervical thoracic and lumbar dysfunction. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, 24 physical therapy visits, multiple injections and medication management. In a chiropractic progress note dated 7-14-2015, the injured worker complains of neck and low back pain. Physical examination showed cervical, thoracic and lumbar subluxations and tenderness at the left paracervical muscles. The treating physician is requesting 50 hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifty (50) hours of a functional restoration program: 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 Chronic Pain Program FRP Page(s): 30-32, 49.

Decision rationale: The patient presents with diagnoses that include lumbar, thoracic and cervical sprain-strain, lumbar spondylosis, thoracic or lumbosacral neuritis or radiculitis and cervical thoracic and lumbar dysfunction as well as anxiety and depression. Currently the patient complains of neck and low back pain. The current request is for Fifty hours of a functional restoration program. The UR denied the FRP noting the "specific goals and components of the program are not documented." However, it appears the UR failed to notice the patient had already began the FRP as of 5/11/15 (212B) and had completed the initial two weeks (218B) trial. The requested 50 hours of a functional restoration program are in fact for weeks 3-4 of the FRP. The treating physician states in the week 2 FRP report (243B), "At this time, I am requesting authorization for week #3 and week #4 of the FRP." The patient has been able to decrease his opioid medication by 50%, improve his sitting, standing, and walking tolerances by 50% since he has been in the program." MTUS Guidelines recommend functional restoration programs support FRP up to 160 hours. In this case, the patient was authorized for 50 hours, which were completed, and now the treating physician would like the patient to complete another 50 hours. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program and the patient has demonstrated progress during the first two weeks of treatment. The current request is medically necessary.