MAXIMUS Federal Services

Case Number:	CM15-0147829		
Date Assigned:	08/10/2015	Date of Injury:	03/18/2014
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 3-18-2014. He reported the collapse of a chair, resulting in him falling. The injured worker was diagnosed as having disorders of sacrum, cervicobrachial syndrome, trochanteric bursitis, and rotator cuff sprains and strains. Treatment to date has included diagnostics, acupuncture, exercise therapy, participation in a functional restoration program (FRP), and medications. Currently (per the FRP multi-disciplinary team conference note 7-10-2015), the injured worker completed 10 sessions of the FRP trial. Medication use included Tramadol ER and Cyclobenzaprine. Cognitive behavior therapy was noted to be helpful for both long and short-term goals. He continued to utilize the program well by using the tools provided to enhance personal life skills. Physical therapy noted improvement in right hip pain and right lower extremity sciatica pain with the use of H wave unit and stretches. He continued to complain of cervical, thoracic, and lumbar pain and discomfort. Physical therapy was reinforcing the stretches and cardiovascular exercises and he received modalities. Physical therapy was helpful for both long and short-term goals. The physical medicine rehabilitation assessment noted consistency and compliance with the program. He showed good progress, was working with his home exercise program, and was motivated to return back to work, at least at a modified capacity. The treatment plan included continuation in a FRP x 14 sessions, noting completion of 1 of 14 additional sessions on 7-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation in the functional restoration program with start date of 7/15/15 (days) 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Introduction Page(s): 30-34, 7-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) page 30-32 (2) Functional restoration programs (FRPs) page 49.

Decision rationale: The claimant sustained a work-related injury in March 2014 and is being treated for neck and low back and left shoulder and hand pain. When requested he had completed week 5 of a functional restoration program. He was being seen for physical therapy and was making progress. He was stretching and using an H-wave unit. The claimant is referenced as motivated to return to work at a modified level. Tramadol ER continued to be prescribed at 150 mg per day. In this case, the claimant is receiving physical therapy services with benefit and there have been no changes in his medications. Opioid medication is being prescribed at well under the recommended 120 morphine equivalent dose. Continued physical therapy treatment would meet his current needs with consideration of a functional capacity evaluation or work hardening if needed. Ongoing functionally disabling pain is not documented. The intensity of a continued multidisciplinary program is not needed and the request is not medically necessary.