

Case Number:	CM15-0183792		
Date Assigned:	09/24/2015	Date of Injury:	07/01/1995
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 60 year old female who sustained an industrial injury 07-01-95. A review of the medical records reveals the injured worker is undergoing treatment for chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, tension headaches, and myofascial pain syndrome. Medical records (08-12-15) reveal the injured worker complains of neck, lower back and left leg pain. The neck pain is rated at 6-7/10. The physical exam (08-12-15) reveals continued symptoms. Prior treatment includes lower back surgery, physical therapy and medications including Norco and Xanax. The original utilization review (09-14-15) non certified the request for 20 days of individualized and integrated Functional Restoration Program using a Biopsychological approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 day individualized and Integrated Functional Restoration Program, using Biopsychosocial approach on an outpatient basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Review indicated progress report of 5/20/15 noted ongoing extensive chronic complaints; however, clinical exam showed diffuse limited cervical range with normal shoulder and wrist range of motion with intact 5/5 motor strength including good grip. There is no failed conservative care as therapy was noted to be helpful. Report of 8/12/15 noted ongoing symptoms without physical exam documented. It was noted the patient has not returned to any form of modified work since February 1996, over 19-1/2 years ago. It appears the patient is not motivated to return to any form of work and can still function independently without need of formal therapy without acute flare or new injury. There is also no reported psychological component or confirmed psychological diagnosis which does not meet guidelines criteria for FRP treatment. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services, unlikely due to the chronic 1995 injury without attempt for any modified work since 1996. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work. The 20 day individualized and Integrated Functional Restoration Program, using Biopsychosocial approach on an outpatient basis is not medically necessary and appropriate.