

Case Number:	CM15-0186619		
Date Assigned:	09/28/2015	Date of Injury:	02/13/2013
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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 70 year old female who sustained an industrial injury 02-13-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical spondylosis, bilateral carpal tunnel syndrome, and mood adjustment disorder. Medical records (06-25-15) reveal the injured worker complains of chronic neck and upper extremity pain. She reports "I feel better and stronger." The physical exam (06-25-15) reveals "full strength in the bilateral upper extremities." The treating provider reports the injured worker is experiencing "severe pain intensity due to pain flare up and interference win daily functioning." She is reported to be experiencing moderate anxiety and increased depression. Her pain intensity has ranged from 6 on week 1 to 5 on week 3 and 7.3 on week 6. Pain interference was 4.8 on week 1, 5.7 on week 3, and 4 on week 6. Depression is rated at 8 on weeks 1 and 3, and 16 on week 6. Anxiety rating was 9 on week 1, 10 on week 3, and 16 on week 6. The treating provider reports the injured worker would "benefit from follow-up psychotherapy visits and aftercare to help manage mood." Prior treatment includes completion of a Functional Restoration Program as well as medications. The original utilization review (08-25-15) non-certified the request for Functional Restoration Program aftercare sessions #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Aftercare sessions Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (Functional Restoration Programs).

Decision rationale: The claimant sustained a work injury in February 2013 and completed treatment of a functional restoration program on 06/26/15. She had improved cervical, lumbar, and shoulder range of motion with improved upper extremity strength. A continued strengthening program was recommended and she had been provided with a comprehensive packet of exercises and appropriate equipment. During the final week of the program additional education lecture had been provided. The claimant is noted to be retired. Authorization is being requested for six aftercare treatments. Guideline suggestions for treatment after completion of a Functional Restoration Program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. However, in this case the claimant has already been provided with the education and equipment needed to continue with self-management. Her care can be continued by the primary treating provider who can assess for a need for aftercare treatment. There is no return to work goals. The request is not medically necessary.