

Case Number:	CM15-0033763		
Date Assigned:	02/27/2015	Date of Injury:	12/16/2010
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 12/16/2010. He reports a motor vehicle accident. Diagnoses include cervical and thoracic degenerative disc disease and lumbosacral degenerative disc disease with radiculopathy. Treatments to date include TENS (transcutaneous electrical nerve stimulation), physical therapy, cane and medication management. A progress note from the treating provider dated 12/17/2014 indicates the injured worker reported continued pain in the neck, mid and low back. On 2/10/2015, Utilization Review non-certified the request for functional restoration program evaluation, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7-10 and 49.

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker is noted to have no significant change in his condition since 2012 per the MD visit. He was to participate in an exercise program on his own. He is already receiving psychological / psychiatric treatment. The records do not support the medical necessity of a functional restoration program.