

Case Number:	CM15-0035544		
Date Assigned:	03/04/2015	Date of Injury:	10/23/2012
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona
 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 44-year-old male who reported an injury on 10/23/2012. The mechanism of injury was unspecified. His past treatments included a functional restoration program, medications, and diagnostic studies. On 01/21/2015, the injured worker indicated his pain was rated 6/10 and radiated to the right lower extremity. He also noted he continued to see a psychiatrist for his industrial injury. The injured worker was also noted to have completed 2 weeks of the functional restoration program. The injured worker was also indicated to have a depressed affect with a PHQ-9 score of 18/30, indicating moderate depressive symptoms. The treatment plan included medications, proceeding with psychiatric evaluation, a random urine drug screen, and a follow-up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5 days per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: According to the California MTUS Guidelines, functional restoration programs are not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The injured worker was indicated to have been authorized 2 weeks of the functional restoration program. However, there was a lack of documentation in regard to the completed sessions. There was also a lack of documentation of documented subjective and objective gains indicating demonstrated efficacy. Furthermore, there was a lack of documentation in regard to a clear rationale for the specified extension and reasonable goals to be achieved. In the absence of the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.