

Case Number:	CM15-0043967		
Date Assigned:	03/13/2015	Date of Injury:	03/14/2012
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 54-year-old male injured worker suffered an industrial injury on 3/14/2012. The diagnoses were post concussive syndrome, lumbar strain, contusion of the chest wall, chronic pain syndrome, rotator cuff tear, lower back pain, headaches and shoulder strain. The diagnostic studies were magnetic resonance imaging's. The treatments were acupuncture, medications, and physical therapy. The treating provider reported lower back pain is 4 to 8/10 and headaches with ringing in the ears. On exam, the gait was impaired. The requested treatments were: 1. Functional Restoration Program - Follow-Up Appointments Monthly QTY: 62. Outpatient Individualized/Integrated Functional Restoration Program; Biopsychosocial Approach QTY: 20 (days)

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program - Follow-Up Appointments Monthly QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: According to the 02/19/2015 report, this patient presents with chronic lower back pain, right shoulder pain, and headache. The current request is for Functional Restoration Program - Follow-Up Appointments Monthly QTY: 6 the request for authorization is on 02/20/2015. The patient's work status is continuing work 40 hours a week and is permanent and stationary. Per, the Utilization Review denial letter: The medical reports available to this reviewer have failed to establish medical necessity for a FRP follow up without knowing that the patient is a candidate for the program. Regarding follow-up sessions, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, since the functional restoration program was not recommended for the patient, the requested follow-up monthly 6 x IS NOT medically necessary.

Outpatient Individualized/Integrated Functional Restoration Program; Biopsychosocial Approach QTY: 20 (days): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: According to the 02/19/2015 report, this patient presents with chronic lower back pain, right shoulder pain, and headache. The current request is for Outpatient Individualized/Integrated Functional Restoration Program; Biopsychosocial Approach QTY: 20 (days) and Utilization Review modified the request to qty 1 day: initial evaluation. Regarding functional restoration programs, MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. Based on the provided reports does not indicate the patient meets all criteria for FRP. There is no discussion regarding the patient's motivation, no discussion of the negative factors, for example. Without a thorough evaluation indicating the patient's candidacy, functional restoration program cannot be supported. The request IS NOT medically necessary.