MAXIMUS Federal Services

Case Number:	CM15-0052916		
Date Assigned:	03/26/2015	Date of Injury:	06/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 13, 2013. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for 6 sessions of a functional restoration program. An RFA form received on February 24, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a functional restoration program discharge report dated February 13, 2015, the applicant was discharged from a functional restoration program after having completed 145 cumulative hours of treatment over six weeks. The treating provider acknowledged that the applicant was permanent and stationary. The treating provider suggested that the applicant receive a six-month gym membership and employ Tylenol on a p.r.n. basis for pain relief. The applicant was described as having various psychological issues. The treating provider stated that it was unlikely that the applicant would return to work as a carpenter. Further treatment via a functional restoration program "Aftercare" Program was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **Functional Restoration Aftercare Program, 6 sessions:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

Decision rationale: No, the request for six sessions of a functional restoration Aftercare Program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration via a functional restoration program in excess of 20 sessions required a clear rationale for the specified extension and reasonable goals to be achieved. Here, however, the applicant had already had 25 days and/or 145 hours of treatment prior to the date of the request. Reasonable goals to be achieved via the Aftercare Program were not clearly stated. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by suggestive and objective gains. Here, however, it did not appear that the applicant had made any material gains through the 145 prior hours and/or 25 days of previous treatment through the program in question. The applicant remained off of work. Permanent work restrictions were imposed, apparently precluding the applicant's return to the workplace as a carpenter. It does not appear, on balance, that previous treatment through the program in question was successful, nor did the attending provider outline clear goals for further treatment, going forward. Therefore, the request is not medically necessary.