

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0087495 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 07/09/2012 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 7/9/2012. She reported right shoulder and low back pain. The injured worker was diagnosed as having lumbosacral radiculitis, lumbar intervertebral disc degeneration, and partial thickness rotator cuff tear on the right. Treatment to date has included functional restoration program. The request is for an additional functional restoration program hours. On 4/20/2015, she reported being more active, more flexible, exercising more, being physically stronger. Objective findings revealed her ability to sit went from 15-30 minutes to 45-60 minutes; ability to stand went from 30-60 minutes to 45-60 minutes. The record indicates she completed 5 weeks of functional restoration program. She is reported to be expressive, engaged and taking on a leadership type role in her group. The treatment plan included: a functional restoration program. The records are unclear regarding treatment prior to this date. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration Program, 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration program Page(s): 30.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant completed 5 weeks and 150 contact hours of FRP (approx 25 visits). The additional 60 hours would imply 2 more weeks or 10 additional sessions. In this case, the claimant has already exceeded the amount of FRP trial period. In addition, the claimant has been able to function more independently. The additional FRP request is excessive and not medically necessary.