

Case Number:	CM15-0240432		
Date Assigned:	12/17/2015	Date of Injury:	11/06/2008
Decision Date:	01/27/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/09/2015

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, Hawaii
 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 60 year old male with an industrial injury date of 11-06-2008. Medical record review indicates he is being treated for strain of ligaments of cervical and lumbar spine and radiculopathy: cervical region. Subjective complaints (10-27-2015) included head, neck and back pain. Work status (10-27-2015) is documented as sedentary activity only. Objective findings are documented as "report to follow." Prior treatments included physical therapy (3-4 months) chiropractic treatments and 2 months of acupuncture. On 11-11-2015, the request for 6 sessions of functional restoration 2 times a week for 3 weeks to the lumbar and cervical spine was modified to 4 sessions of functional restoration over 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration 6 sessions, 2 times a week for 3 weeks to the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient presents with head, neck, and back pain. The current request is for functional restoration 6 sessions, 2 times a week for 3 weeks to the lumbar and cervical spine. The treating physician states, in a report dated 10/27/15, "Start functional restoration 2x3, L/S, C/S." (57B) The MTUS guidelines recommend functional restoration programs when certain criteria is met. The guidelines go on to state the following regarding the Criteria for the general use of multidisciplinary pain management programs: "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, while 2 weeks of a functional restoration program may be medically necessary and within the MTUS guidelines, 3 weeks without documentation of functional improvement is not supported. Additionally, the UR report dated 11/09/15, notes the treating physician has agreed to modify the request to a two-week trial (5A). The current request is not medically necessary.