MAXIMUS Federal Services

Case Number:	CM14-0161431		
Date Assigned:	10/06/2014	Date of Injury:	04/16/2001
Decision Date:	12/15/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old female with a 4/16/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/27/14 noted subjective complaints of continued neck and mid back pain. Objective findings included tenderness to palpation in the cervical/thoracic spine. It is noted that the patient has noted improved strength, flexibility, and coping skills. Diagnostic Impression: myofascial pain syndrome, cervical disc injury, and repetitive strain injury. Treatment to Date: medication management, Tai-Chi, yoga, and an FRP. A UR decision dated 9/23/14 denied the request for FRP after care x 8 sessions. She has already completed the full functional restoration program. There is no indication that she is incapable of transferring the knowledge learned during the FRP to a self-directed care program at home. There is no discussion of her employment situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Functional Restoration Program (FRP) sessions after care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that treatment post functional restoration program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. However, in the documents provided for review, it is noted that the patient has completed a full functional restoration program (FRP). It is noted that the patient has experienced improvement as a result of the FRP sessions. There is no specific rationale provided as to why the patient would need additional aftercare sessions and specifically what goals the aftercare would address. In the absence of specific clearly defined goals, aftercare is not certifiable. Therefore, the request for eight (8) functional restoration program (FRP) sessions after care is not medically necessary.