

Case Number:	CM14-0168329		
Date Assigned:	10/16/2014	Date of Injury:	01/23/2014
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 25 years old male with an injury date on 01/23/14. Based on the 09/09/14 progress report provided by [REDACTED], the patient complains of pain between right shoulder and neck region. The treater reports that the patient develops radiating pain to the hand. There were no other significant findings noted on this report. His diagnoses include the following: 1. Depressive disorder, NOS2. Anxiety disorder, NOS3. Pain disorder [REDACTED] is requesting for pain management functional restoration program 160, quantity 1. The utilization review denied the request on 09/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/09/14 to 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program X 160 hours QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs: (functional restoration programs) ; Evaluat.

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

Decision rationale: According to the 09/09/14 report by [REDACTED], this patient presents with pain between right shoulder and neck region. The treater is requesting for a Functional Restoration Program x 150 hours, quantity 1. The utilization review denied on 09/18/14 with rationale states as medical necessity for a FRP has not been established. Regarding functional restoration programs, MTUS guidelines pg. 49 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. Review of the reports do not indicate the patient has had meet all criteria of MTUS guidelines. There is no comprehensive evaluation discussing the patient's functional achievement needs. The negative predictors of success are not addressed. Furthermore, MTUS recommends 2 weeks or 80 hours of program and more if the goals are met. The request is not medically necessary.