

Case Number:	CM14-0182918		
Date Assigned:	11/07/2014	Date of Injury:	01/05/2013
Decision Date:	12/26/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 and 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 59-year-old male with a date of injury of 01/05/2013. The listed diagnoses are: 1. Chronic pain syndrome. 2. Cervicobrachial syndrome. 3. Lumbar discogenic pain. 4. Probable underlying DJD of hips. According to progress report 09/23/2014, the patient presents with neck and low back pain. The treater states that functional restoration program has been going reasonably well for the patient. The structure has helped him to improved his sitting and standing tolerance and improve his sleep, as well as reduction of anxiety and stress levels by 30%. He is relying less on oral pain medications. Examination of the cervical spine revealed decreased range of motion and positive Adson's test bilaterally. Examination of the lumbar spine revealed decreased range of motion and paresthesia along the lateral aspect of the right leg and positive Patrick's and SI joint compression test. The treater recommends that the patient continue with the Functional Restoration Program. Utilization review denied the request on 10/20/2014. Treatment reports from 04/01/2014 to 09/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of functional restoration program, QTY: 10 additional sessions over 5 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

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

Decision rationale: This patient presents with neck and low back pain. The treater recommends that the patient continue with the functional restoration program qty 10 additional sessions over 5 weeks. The patient has participated in the program for 4 weeks. Regarding additional FRP, the MTUS Guidelines page 49 states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The treater states "the goals are to continue to improve his cognitive structuring so that he can learn more techniques for self-awareness to control pain and medications, reduction of opioid dependency by 50%, as well as improve his daily activities and to bring this case to MMI status and case resolution." MTUS Guidelines require specific plan with goals to consider extension in the program, which has not been provided in this case. In addition, it is unclear why the patient would not be able to apply what he has learned from his participation in the HELP program to address his residual issues. The request is not medically necessary.