

Case Number:	CM14-0183395		
Date Assigned:	11/10/2014	Date of Injury:	12/26/2012
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency 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:

The injured worker is a 43 year-old male, who sustained an injury on December 26, 2012. The mechanism of injury was not noted. Pertinent diagnostics were not noted. The treatments have included medications, and 160 hours of FRP. The current diagnoses are: lumbar disc degeneration, fibromyalgia, thoracic pain, low back pain, moderate depression. The stated purpose of the request for Functional Restoration Program 2 weeks for 10 days, 60 hours (week 5 & 6) was to improve his functional abilities. The request for Functional Restoration Program 2 weeks for 10 days, 60 hours (week 5 & 6) was denied on October 21, 2014, noting that the request would place the injured worker at a total of 180 of functional restoration program time, which is in excess of the recommended maximum of 160 hours. Per the report dated October 17, 2014, the treating physician noted improved physical strength and endurance, use of less medication, improvement in sleep, improved pain coping skills. Exam findings included improvements in leg strength, lifting ability, endurance time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 2 weeks for 10 days, 60 hours (week 5 & 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49 and 31-32.

Decision rationale: The requested Functional Restoration Program 2 weeks for 10 days, 60 hours (week 5 & 6) are not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs, Page 49 and Pages 31-31, note that these programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has improved physical strength and endurance, use of less medication, improvement in sleep, improved pain coping skills. The treating physician has documented improvements in leg strength, lifting ability, endurance time. The treating physician has not documented the rationale for this specified extension. The criteria noted above not having been met, Functional Restoration Program 2 weeks for 10 days, 60 hours (week 5 & 6) is not medically necessary.