

Case Number:	CM14-0183795		
Date Assigned:	11/10/2014	Date of Injury:	06/04/2008
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
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 Preventive 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:

According to the records made available for review, this is a 46-year-old male with a 6/4/08 date of injury. At the time (9/29/14) of request for authorization for 10 remaining sessions of functional restoration program to include up to 30 hours of physical therapy and occupational therapy; 15 hours of patient education; 15 hours of psycho-education; 2 hours of medication management; 2 hours of individual psychological treatment with 2.5 hours check in with psychologist and 2 hours of team conference, there is documentation of subjective (neck, low back, thoracic, left shoulder, right hip, and bilateral knee pain) and objective (improved range of motion of the cervical spine, lumbar spine, and right shoulder) findings, current diagnoses (lumbosacral neuritis not otherwise specified), and treatment to date (medications, physical therapy, chiropractic therapy, acupuncture, treatment with TENS unit, and 10 previous functional restoration program sessions). Medical report identifies that the patient has improved subjectively and objectively after the initial 10 sessions of functional restoration program (increased range of motion, sitting tolerance, standing tolerance, grip strength); and there are targets of treatment for the additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 remaining sessions of functional restoration program to include up to 30 hours of physical therapy and occupational therapy; 15 hours of patient education; 15 hours of psycho-education; 2 hours of medication management; 2 hours of individual psychological treatment with 2.5 hours check in with ps: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral neuritis not otherwise specified. In addition, given documentation that the patient has improved subjectively and objectively after the initial 10 sessions of functional restoration program (increased range of motion, sitting tolerance, standing tolerance, grip strength, there is documentation of subjective and objective gains; and functional benefit and improvement as an increase in activity tolerance as a result of functional restoration program treatments to date. Therefore, based on guidelines and a review of the evidence, the request for 10 remaining sessions of functional restoration program to include up to 30 hours of physical therapy and occupational therapy; 15 hours of patient education; 15 hours of psycho-education; 2 hours of medication management; 2 hours of individual psychological treatment with 2.5 hours check in with psychologist and 2 hours of team conference is medically necessary.