

Case Number:	CM14-0183935		
Date Assigned:	11/10/2014	Date of Injury:	11/06/2012
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 11/6/12. A utilization review determination dated 10/16/14 recommends non-certification of FRP aftercare. 10/7/14 medical report identifies low back and leg pain. On exam, there is tenderness, decreased ROM, and positive SLR on the left. Recommendations include aftercare to "help the patient refresh, remind, and motivate and maintain current level of function and status and also better cope with pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Aftercare (8 days): Upheld

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

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, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for aftercare, California MTUS does not address the issue. ODG notes that suggestions for treatment post-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. Within the documentation available for review, the patient recently completed a functional restoration program and aftercare was recommended to "help the patient refresh, remind, and motivate and maintain current level of function and status and also better cope with pain." It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. In the absence of such documentation, the currently requested is Functional Restoration Program Aftercare is not medically necessary.