

Case Number:	CM14-0213165		
Date Assigned:	12/30/2014	Date of Injury:	07/17/2013
Decision Date:	02/27/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 7/17/13. A utilization review determination dated 12/18/14 recommends non-certification/modification of FRP trial. 11/24/14 medical report identifies back pain, headaches, fatigue, locking of the knee, and bowel dysfunction. On exam, there are trigger points. Weakness with bilateral knee extension and ankle dorsiflexion, positive SI joint compression test, patellar compression test, and slump test, mild laxity with valgus stress bilaterally, and a mild antalgic gait on the right. A functional restoration program was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day trial of functional restoration program, twice a week for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful and that the patient is not a candidate for surgery or other treatment options, and no indication of motivation to change with negative predictors of success having been addressed. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested functional restoration program is not medically necessary.