MAXIMUS Federal Services

Case Number:	CM14-0213447		
Date Assigned:	12/30/2014	Date of Injury:	09/14/2012
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
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 male patient with the date of injury of September 14, 2012. A Utilization Review dated November 19, 2014 recommended modification of 60 hours of functional restoration program to 1 functional restoration program for two weeks (10 days, 60 hours total) to include 3 hours of physical therapy, 2 hours of psychology lectures/classes, and 1 hour of yoga daily. An Encounter Note dated November 14, 2014 identifies Subjective Complaints of neck pain, numbness in the RUE noted, low back pain, and numbness in the BLE. Interference with sleep noted. Feels depressed and anxious. Physical Exam identifies soft tissue tenderness noted over supraclavicular region of RUE, acromioclavicular joint of RUE, and reduced sensation to light touch right forearm. Assessment identifies cervical post-laminectomy syndrome, degeneration of lumbosacral intervertebral disc, low back pain, cervical myelopathy, and psychophysiologic disorder. Discussion identifies await functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty hours of Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for sixty hours of functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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 above 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, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no clarification as to how many weeks are currently being requested. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested sixty hours of functional restoration program is not medically necessary.