

Case Number:	CM14-0215651		
Date Assigned:	01/05/2015	Date of Injury:	03/16/2012
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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: New York
Certification(s)/Specialty: Emergency Medicine

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 44 year old female sustained work related industrial injuries on March 16, 2012. The mechanism of injury involved a motor vehicle collision. The injured worker subsequently complained of low back pain, right groin pain and right hip pain. The injured worker was diagnosed and treated for chronic cervical pain with multiple disc protrusions, radiculopathy, chronic lumbar pain with disc protrusion at L5-S1, and probable depression. Treatment consisted of radiographic imaging, prescribed medications, pain management, physical therapy, pool therapy, chiropractic therapy, cognitive behavioral treatment, sacroiliac joint injections, consultations and periodic follow up visits. Per treating provider report dated December 8, 2014, the injured worker had failed to respond to standard treatment protocols. Right hip x-ray was negative. Medication trial was noted to be ineffective. EMG studies were normal. MRI studies of the hip and lumbar spine were unremarkable. The treating provider noted that the acupuncture did not provide sustained relief. According to a physical therapy evaluation dated December 2, 2014, the injured worker has a constant pain of 93/100 and functional impairment rating of 91/100. Physical exam revealed antalgic gate and the injured worker uses a cane to ambulate. As of April of 2014, the injured worker remains permanent and stationary. The treating physician prescribed services for Functional Restoration Program x 20 days now under review. On December 17, 2014, the Utilization Review (UR) modified the prescription for Functional Restoration Program x 20 days which was requested on December 12, 2014. MTUS guidelines were cited in support of this decision. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x20 days: Upheld

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

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

Decision rationale: CA MTUS guidelines recommend functional restoration programs, but acknowledge that selecting appropriate candidates for this program is still under investigation. According to these guidelines, "functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders." Additional recommendations, however, suggest treatment in such programs should not extend greater than two weeks until evaluation for demonstrated efficacy. The current request is for 20 sessions which exceeds the recommendations making the request not medically necessary.