

Case Number:	CM14-0216914		
Date Assigned:	01/06/2015	Date of Injury:	01/05/2013
Decision Date:	03/03/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male worker injured his head, neck and low back in a work related incident. The date of injury was January 5, 2013. Diagnoses include cervicobrachial syndrome, radiculitis, cervical disc degeneration, cervical spinal stenosis and adjustment disorder with depressed mood. On December 3, 2014, he complained of persistent weakness in the upper and lower extremities. He complained of pain that was sharp, shooting, aching, gnawing, throbbing and crampy. His pain was rated a 9 on a 1-10 pain scale. The areas of pain were not specified in the report. His restrictions due to injury included walking, standing, sleeping, lifting, driving and raising his arms. Treatment modalities included cognitive behavioral therapy, physical therapy, acupuncture, exercise, ice and medications. Notes stated that he completed 24 visits of physical therapy treatment indicating that he achieved 3/5 short-term goals and 1/5 long-term goal. He demonstrated increased tolerance for therapeutic and cardiovascular exercises, increased grip strength bilaterally and improved active range of motion for the cervical spine. A request was made for functional restoration program x 4 sessions. On December 26, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs)- Page(s): 30-33.

Decision rationale: The request for functional restoration program is not medically necessary. The documentation indicates that the patient has had 24 sessions in a functional restoration program. The medical necessary of prior visits through visit 20 in the functional restoration program were approved per prior review completed on 12/9/14. The last 4 visits of the program were not approved. The MTUS Guidelines states that for a functional restoration program treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The documentation does not indicate extenuating circumstances requiring beyond 20 sessions of in the program. The patient should be well versed in a home exercise program by now. The request as written is not specific on a quantity of sessions. The request for functional restoration program is not medically necessary.