

Case Number:	CM15-0114670		
Date Assigned:	06/26/2015	Date of Injury:	10/17/2000
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on October 17, 2000. The injured worker reported neck, right shoulder and back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, ulnar nerve lesion, disorder of sacrum, sciatica, cervical spondylosis without myelopathy, chronic pain, psychogenic pain and long term use of medication. Treatment to date has included medication and therapy. A week four note of a functional restoration program dated April 20-24, 2015 provides the injured worker has been fully compliant with the program and she feels the program has given her hope and motivation to continue self-management coping techniques and physical therapy exercises at home. A functional restoration discharge note dated May 4-8, 2015 provides the injured worker successfully completed a functional restoration program on May 8, 2015. It notes "she participated throughout the program." There is a request for functional restoration aftercare.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional restoration programs.

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

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant's history and desire to improve as well as failing other prior conservative measures, the request for the trial of 10 sessions at functional restoration program is medically necessary. In this case, the claimant had completed 6 weeks of FRP with improvement. The guidelines do not support aftercare for FRP. There is no indication to support after care. The amount of sessions exceeds the number of days recommended by the guidelines above and the additional 6 sessions is not medically necessary.