MAXIMUS Federal Services

Case Number:	CM15-0126756		
Date Assigned:	07/13/2015	Date of Injury:	11/10/2009
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on November 10, 2009. She reported an injury to her head, right shoulder and hip following a fall. She was diagnosed with muscle strain. Treatment to date has included work restrictions, TENS unit, acupuncture, occupational therapy, injection therapy, cervical spine surgery, Functional Restoration Program evaluation and medications. The documentation revealed the injured worker had completed five weeks in a functional restoration program. A multidisciplinary conference on June 18, 2015 revealed the injured worker had made significant improvement in her ability to manage her chronic pain yet she had intermittent exacerbations of pain following physical therapy sessions. The documentation revealed the injured worker had been better able to reduce and cope with her pain utilizing cognitive behavioral therapy and other strategies. A week five psychological report revealed the injured worker was experiencing mild and anxiety and depression yet was highly motivated to help identify positive ways to improve her life. She had been more social, was exercising ore, hemodialysis better posture, leaving her home ore and interacting with others. A week five physical therapy report revealed the injured worker's cervical spine extension was improved from 35 to 36 degrees and her left rotation had improved from 30 degrees to 34 degrees. Her right shoulder flexion had improved from 140 degrees to 144 degrees on the right and from 140 degrees to 142 degrees on the left. Her shoulder flexion had improved from 4/5 to 4+/5 on the right and was maintained on the left. She was able to perform 60% of a squat and 60% of a lunge but declined to lift weights due to neck pain. The primary diagnosis associated with the request is cervical disc displacement. The treatment plan includes eighty (80) hours of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighty (80) hours of Functional Restoration Program (NCFRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) (2) Functional restoration programs (FRPs) Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work-related injury in November 2009 and continues to be treated for chronic neck and right upper extremity pain with treatments including participation in a functional restoration program When requested, she had completed 56 hours of treatment. After completion of three weeks in the program, she had increased pain and depression. At the fourth week there was increased low back pain. There was no return to work plan. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, there is no return to work plan. The requested number of sessions and duration of the program is in excess of recommended guidelines and not medically necessary.