

Case Number:	CM15-0174802		
Date Assigned:	09/16/2015	Date of Injury:	09/10/2012
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 9-10-2012. The medical records indicate that the injured worker is undergoing treatment for chronic cervical strain, chronic lumbosacral strain, chronic left hamstring strain, left shoulder internal derangement, status post left shoulder arthroscopy (December 2007), post-traumatic stress disorder, left cervical radiculopathy, and chronic pain syndrome. According to the progress report dated 8-7-2015, the injured worker is currently in his 6th and last week of a functional restoration program. Per notes, he does continue to have post-traumatic stress disorder symptoms, although his medications do help him manage his symptoms better. Despite, outside stressors he has been compliant with the treatment program and does feel that the program has been very helpful in improving his overall neck and low back pain. The physical examination reveals tenderness to palpation over the posterior cervical and lumbar paraspinal muscles. He was cooperative and conversant. His mood was positive. The current medications are Viibryd, Ambien, Sonata, Percocet, Lorazepam, and Trazodone. Treatment to date has included medication management and functional restoration program. The treating physician noted that he does continue to require permanent work restrictions. The original utilization review (8-27-2015) had non-certified a request for functional restoration aftercare program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program- aftercare sessions Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the injured worker is in his 6th and last week of a functional restoration program. This request is for 6-aftercare session in order to consolidate what the injured worker has gained in the program. This request is not supported by the established guidelines as there is no evidence of an individualized care plan nor a clear rationale for the specified extension. The request for functional restoration program- aftercare sessions Qty: 6 is determined to not be medically necessary.