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| Case Number: | CM15-0026317 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 08/09/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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

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 43 year old male who sustained an industrial injury on August 9, 2013. He has reported back pain and has been diagnosed with late effect fall, lumbar sprain/strain, cervical strain/sprain, thoracic sprain/strain, and headache. Treatment has included trigger point injections, acupuncture, TENS unit, home exercise program, and medications. Currently the injured worker has cervical spine discomfort. Treatment plan included trigger point injection and RTC. On February 9, 2015 Utilization Review non certified functional restoration program citing the MTUS guidelines.

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 Page(s): 18, 22, 32, 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function Restoration Programs pg 49, Chronic Pain Program 30-33 Page(s): 49, 30-33.

Decision rationale: The patient presents with upper, mid, and lower back pain with headaches. The current request is for Functional Restoration Program. The treating physician states, "Pain level is 7/10, post-tx pain level is 4/10." (B.36) There is no further discussion regarding the current request. The AME report dated 12/5/14 states, "I am recommending that the patient be seen for a multidisciplinary evaluation to assess his candidacy for a functional restoration program." The MTUS guidelines recommend functional restoration programs. However there are 6 criteria that must be met for the recommendation for FRP. The MTUS guidelines goes on to state "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions." In this case, there is no specific duration given for this request. There is no discussion of any of the 6 criteria that are outlined in the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.