

Case Number:	CM15-0061626		
Date Assigned:	04/07/2015	Date of Injury:	03/12/2012
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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 58 year old female, who sustained an industrial injury on 03/12/2012. She has reported subsequent neck, back and knee pain and was diagnosed with displacement of cervical and lumbar intervertebral discs and unspecified internal derangement of the knee. Treatment to date has included oral pain medication, steroid injection, chiropractic therapy and a TENS unit. In a progress note dated 02/27/2015, the injured worker complained of back, shoulder, arms, knees and legs. Objective findings were notable for decreased range of motion of the cervical and lumbar spine, tenderness to palpation of the paraspinal muscles, bony deformity, edema and crepitus of the bilateral knees, tenderness to palpation of the medial joint line of the right knee and tenderness to palpation of the medial and lateral joint line of the left knee. The physician noted that the injured worker had completed 12 of the 16 authorized days of a functional restoration program and that authorization was requested for an additional 10 days to avoid any lapse in treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) for ten (10) additional days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 49.

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. Total treatment duration should generally not exceed 20 full-day sessions. In this case, the claimant had completed 12 of the 16 approved sessions. The request for 10 additional sessions exceeds the guidelines maximum amount. Although the claimant is benefiting from FRP, an additional 10 sessions is not medically necessary.