

Case Number:	CM15-0073968		
Date Assigned:	04/24/2015	Date of Injury:	07/22/2011
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 46 year old female, who sustained an industrial injury on 07/22/2011. She reported pain in the neck and shoulder with repetitive activities. The injured worker is currently diagnosed as having cervicalgia with right sided C6 radiculopathy, headaches/migraine headaches, and depression and anxiety. Treatment and diagnostics to date has included physical therapy, acupuncture, chiropractic treatment, brain MRI, and medications. In a qualified medical evaluation note dated 12/17/2014, the injured worker presented with complaints of cervicalgia and stress. The treating physician reported requesting authorization for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 weeks, 10 days, 60 hours (week 3 and 4) (headache, shoulder neck): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Functional restoration program 2 weeks, 10 days, 60 hours (week 3 and 4) (headache, shoulder neck), is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has cervicgia and stress. The treating physician has not documented objective evidence of functional improvements from completed FRP sessions. The criteria noted above not having been met, Functional restoration program 2 weeks, 10 days, 60 hours (week 3 and 4) (headache, shoulder neck) is not medically necessary.