MAXIMUS Federal Services

Case Number:	CM15-0094485		
Date Assigned:	05/21/2015	Date of Injury:	02/26/2001
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 51 year old man sustained an industrial injury on 2/26/2001 after a motor vehicle accident in which his truck flipped on its side. He lost consciousness and was taken to the hospital by ambulance. Evaluations include bilateral lower extremity electromyogram dated 1/27/2014, lumbar spine MRI dated 7/18/2012, and cervical spine MRI dated 7/18/2012. Treatment has included oral medications, surgical intervention, physical therapy, acupuncture, home exercise program, TENS unit, and occupational therapy. Physician notes dated 4/7/2015 show neck and low back pain. Recommendations include functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration Program (80 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 7-10 and 49.

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The requested treatment is for 80 days which is well beyond the recommended treatment period. This injured worker is participating has a home exercise program established that he can complete on his own. The records do not support the medical necessity of a functional restoration program.