

Case Number:	CM13-0041908		
Date Assigned:	01/15/2014	Date of Injury:	08/23/2011
Decision Date:	03/05/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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: Massachusetts

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

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 claimant has a history of a work injury occurring on 08/22/11 when, while working as a laborer he had right low back pain. Treatments included medications, physical therapy, chiropractic care, acupuncture, and injections. He was seen for a surgery evaluation in April 2013 and no surgery was recommended. He was evaluated for a functional restoration program on 09/11/13. He was having ongoing radiating low back pain. He had not returned to work. Physical examination findings included decreased lumbar spine range of motion with positive Lasgue and straight leg raising. He had decreased right lower extremity strength and a decreased right ankle reflex. He was determined to be a good candidate for participation in the requested program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (80 HOURS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs)) p30-32 (2) Functional restoration p.

Decision rationale: In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. In this case, there is no return to work plan. The requested number of sessions and duration of the program is in excess of recommended guidelines and therefore not medically necessary.