

Case Number:	CM13-0014970		
Date Assigned:	10/04/2013	Date of Injury:	06/26/2012
Decision Date:	01/22/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male, who reported an injury on 06/26/2012. The mechanism of injury was lifting. He subsequently received physical therapy and epidural steroid injections with no benefit, and finally had a discectomy in early 2013. He is listed as having displacement of intervertebral disc, postlaminectomy syndrome, and spinal stenosis of the lumbar region. The patient prefers to manage his symptoms without the use of medications. He is noted to have completed several weeks in a functional restorative program with good results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional two (2) weeks of functional restoration program by the provider's clinic, this will be week five (5) and six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

Decision rationale: The Chronic Pain Guidelines recommend functional restoration programs for patients suffering from chronic pain. The guidelines also recommend that treatment not exceed two weeks without objective documentation of efficacy. The guidelines do not

recommend treatment in a functional restorative program to exceed 20 full day sessions, or 160 hours. The clinical notes submitted for review report that at the conclusion of week four (4), the patient already received 120 hours of therapy. An additional two weeks of therapy would exceed guidelines, putting the patient at 180 hours of therapy. As such, the request for an additional 2 weeks of a functional restoration program by the provider's clinic, this will be week 5 and 6, is non-certified.