

Case Number:	CM13-0018548		
Date Assigned:	06/06/2014	Date of Injury:	09/01/2011
Decision Date:	07/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 injured worker is a 37 year old male whose date of injury is 09/01/2011. The mechanism of injury is described as lifting heavy items. Treatment to date includes physical therapy, epidural steroid injection, umbilical hernia repair in 06/2012, and functional restoration program. Functional restoration program discharge summary dated 08/07/13 indicates that he is doing quite well in the program. It is anticipated that he will be permanent and stationary upon completion of the program. He was recommended to continue with a home exercise program. After care sessions were recommended so that gains can be integrated and internalized in a way that will allow him to continue his successes.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM AFTERCARE, SIX SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

Decision rationale: The injured worker completed a functional restoration program nearly one year ago, and there is no clear rationale provided to support aftercare sessions at this time. There

is no comprehensive assessment of treatment completed or the injured worker's response thereto since completion of the functional restoration program submitted for review. There is no current, detailed physical examination submitted for review and no current mental health evaluation/psychometric scores are provided. Therefore, the request for a functional restoration program after case, six sessions is not medically necessary and appropriate.