

Case Number:	CM13-0023315		
Date Assigned:	12/04/2013	Date of Injury:	11/01/2012
Decision Date:	02/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 Illinois 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 30-year-old female who reported an injury on 11/01/2012. The patient is diagnosed with back pain and degenerative disc disease at L4-5 and L5-S1. The patient was seen by [REDACTED] on 09/20/2013. A progress report for the week of 09/16/2013 through 09/20/2013 was submitted at that time. The patient reported 6/10 physical distress and 4/10 emotional distress. The patient scored a 54 on the Zung Depression Scale, indicating mild depression, and a 60 on the Zung Anxiety Scale, indicating moderate to severe anxiety. The patient demonstrated improved range of motion. Treatment recommendations included continuation of the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 weeks of Compass Functional Restoration Program Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients

with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made. Patients should exhibit motivation to change and willingness to forego secondary gains. Total treatment duration should not generally exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. As per the clinical notes submitted, the patient has completed 4 weeks of a functional restoration program. The patient demonstrated improved range of motion. However, the patient also demonstrated a decrease in grip strength, worsening anxiety, and a higher score on a Zung Depression Scale than the initial evaluation. The patient continues to demonstrate functional and psychological deficits. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.