

Case Number:	CM13-0030873		
Date Assigned:	11/27/2013	Date of Injury:	09/01/2005
Decision Date:	03/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 60-year-old female who reported an injury on 09/01/2005. The patient was diagnosed as status post fusion at L4-5 on 12/19/2007. The latest physical examination was documented on 01/27/2013 by [REDACTED]. The patient demonstrated poor posture, slow and guarded gait, limited lumbar range of motion, positive straight leg raising, intact sensation, and 5/5 motor strength. The patient was determined to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, hours over 6 months, qty: 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Functional Restoration Program Section Page(s): s 30-33; 49.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant

clinical improvement. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not generally exceed 20 full day sessions. It was stated in the clinical letter submitted on 08/30/2013; [REDACTED] requested authorization for an assessment for chronic pain and functional restoration program based on an enclosed report. However, [REDACTED] detailed report was not submitted for this review. Furthermore, the current request for a functional restoration program for 160 hours exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.