

Case Number:	CM13-0039511		
Date Assigned:	12/20/2013	Date of Injury:	06/07/2012
Decision Date:	02/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 & 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 52-year-old male who reported a work-related injury on 06/07/2012, as a result of a fall. The clinical note dated 10/21/2013 reports the patient presents for treatment of the following diagnoses, degeneration lumbar disc, disorders of the sacrum, sciatica. The provider documents the patient utilizes fluoxetine, hydrocodone/APAP 10/325 mg, Protonix, and Seroquel. The provider documents upon physical exam of the patient, sensation was intact to the bilateral lower extremities, straight leg raise was negative. Spasms and guarding were noted about the lumbar spine. The provider documented 5/5 motor strength noted throughout. The provider documents the patient subjectively reports symptoms of depression, chronic pain and failed coping mechanisms. The provider documented recommendation for the patient to utilize a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 times a week for 6 weeks for a total of 160 hours:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <http://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The clinical documentation submitted for review evidences the patient continues to present with moderate complaints of pain about the lumbar spine. The current request is for 30 sessions of participation in a functional restoration program. The MTUS Chronic Pain Guidelines indicate treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The clinical notes provided for review fail to document a specific rationale for the excessive number of sessions for the patient's participation in a functional restoration program. Given all of the above, the request for 30 Functional Restoration Program 5 times a week for 6 weeks for a total of 160 hours for the management of symptoms related to lumbar spine as an outpatient is not medically necessary and appropriate.