

Case Number:	CM13-0044634		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2006
Decision Date:	03/17/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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, Indiana, 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 47-year-old male who reported a work-related injury on 12/27/2006 as the result of a strain to his lumbar spine. The patient presents for treatment of the following diagnoses including chronic left knee pain, chronic low back pain, chronic left ankle pain, left lower extremity disuse atrophy, chronic pain syndrome, and reactive depression. The clinical notes document the patient has utilized 10 days of a functional restoration program with improvement. The current request is for 20 functional restoration program appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 functional restoration program appointments: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient had attended 10 sessions of a functional restoration program for this injury. The current request is for 20 sessions. The clinical notes documented the patient continues to utilize topical analgesic, Protonix, Topamax, Baclofen, Naproxen, and Norco

10/325 for his pain. The clinical notes documented the patient's treatment began on 09/30/2013 the first day of the program, the patient exhibited motivation to move forward with treatment and was fully engaged with other patients in the group throughout the first week of the functional restoration program. The clinical notes document the patient continues to present with complaints of pain about the left knee and left ankle. California MTUS indicates total treatment duration should generally not exceed 20 full day sessions or the equivalent in part day sessions of required by part time work, transportation, child care, or comorbidities. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension with reasonable goals to be met. Given the lack of documentation evidencing significant objective functional improvements as evidenced by a decrease in rate of pain on a VAS scale as well as a specific rationale for continuation in the functional restoration program, the request for 20 functional restoration program appointments is not medically necessary or appropriate.