

Case Number:	CM13-0054988		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2007
Decision Date:	06/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery 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 patient is an employee of an electronics store and has filed a claim for lumbar disc displacement associated with an industrial injury date of September 19, 2007. Utilization review from October 18, 2013 denied the request for additional functional restoration program sessions due to no documentation concerning subjective and objective goals for activities of daily living, physical activity, and medications. The treatment to date has included lumbar ESI, radiofrequency ablation lumbar spine, physical therapy, oral pain medications, and functional restoration program. The medical records from 2013 were reviewed showing the patient partaking in a functional restoration program, completing the sessions in November. The patient was noted to have improvements in the FRP physical therapy discharge summary; ranges of motion were improved; motor strength for the hips and lower extremities were marginally improved and functional movements were barely improved. Functional treatment goals included improve the ability to lift from floor to waist and waist to shoulder, from 16.5 pounds to 30 pounds occasionally, with good form and repetition, improve strength to enable ambulation without an assistive device for at least 40 minutes, and improve muscle strength to the 4+/5 in key muscle groups. Initial evaluation demonstrated 4-/5 strength for the left lower extremity and 3+/5 strength for the right lower extremity, 75% squat capability, and a lifting capacity of 16.5 pounds infrequently. Results from the 6-week program demonstrated 4+/5 strength for the left lower extremity and 3-4/5 strength for the right lower extremity, 80% squat capability, 60% lunge capability, and a functional lifting capacity of 11 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL FUNCTIONAL RESTORATION PROGRAM 5 DAYS A WEEK TIMES 4 WEEKS QTY:20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Chronic Pain Programs (Functional Restoration Pro.

Decision rationale: As stated on page 32 of the California MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient had completed a total of 6 weeks in the functional restoration program. The initial evaluation measured lower extremity strength, functional movement capability in terms of squatting range, and lifting ability. However after 6 weeks into the program, the patient demonstrated a minimal gain in terms of these measurements; lifting capacity even went down to 11 pounds from initial 16.5 pounds. Given the amount of progress the patient made in the 6 weeks, the functional restoration program did not seem to make a significant difference in the patient's overall functional status. Therefore, the request for additional functional restoration program 5 days a week times 4 weeks qty: 20.00 is not medically necessary.