

Case Number:	CM13-0060738		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2006
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Interventional Spine 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:

This is a 43 year-old female with a 5/26/2006 industrial injury claim. She has been diagnosed with chronic low back pain, depression and obesity. According to the 11/8/13 report from J■■■■■, the patient had just completed 6-weeks of their functional restoration program and improved her coping skills, lost 17 lbs, but is still dependent on medications and has not returned to work. ■■■■■ is asking for 6 "after care" sessions, to include psychology and group therapy sessions. On 11/15/13 UR denied the "after care" stating the patient has 6-weeks/160 hours of the FRP which exceeds the MTUS recommended 20 full day sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Aftercare: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23; 30-32; 101-102.

Decision rationale: The patient has chronic back pain and has already completed 6-weeks in a functional restoration program, she has lost 17 lbs, and reports improvement in anxiety and

depression and coping with pain. The physical exam findings show very minimal improvements in ROM, about 5 degrees in hip extension and slight improvement in gluteus medius strength. The patient is still dependent on medications for pain control, and has not returned to work. The physician requested 6 sessions of "after care" for continued psychotherapy to "transition gains from the NCFRP into daily life" There is no rationale as to why this was not already included in the 6-week program. MTUS does recommend psychotherapy, with the most intensive stage being in the FRP. The patient has already had the FRP and there is no rationale or goals provided for continued psychotherapy or continued FRP "after care". The patient was provided exercises that should be able to maintain the 5 degree ROM improvement in hip extension, and 4 (+) to 5 (-) gluteus medius strength. MTUS states a trial of behavioral therapy is 3-4 sessions and if there is functional improvement, these can be extended. I do not see where the intensive therapy in the FRP has resulted in any functional improvement. The reporting is vague, stating "Her ADLs and self-care have shown improvement" but there is nothing specific mentioned, and it is unknown if there are and "clinically significant improvements", there did not appear to be a reduction in work restrictions, or dependency on continued medical treatment. MTUS defines functional improvement as: ""Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment" The request for continued "after care" does not appear to follow the MTUS definition of functional improvement with a "reduction in the dependency on continued medical treatment" MTUS does not recommend continuing the a FRP that does not provide functional improvement.