MAXIMUS Federal Services

Case Number:	CM13-0063161		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2009
Decision Date:	03/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 57 year-old male sustained an injury on 7/2/09 while employed by [redacted], [redacted]. While walking over pallets, his feet got stuck in the plastic and he fell forward onto his hands. The request under consideration includes six sessions with a functional restoration after care program. The diagnoses include s/p lumbar laminectomy syndrome, bilateral lumbar radiculitis, chronic pain and reactive depression. The treatment has included lumbar epidural injections x 3 (last on 1/24/12), acupuncture x 6, physical therapy, spinal cord stimulator trial (9/8/12), medications, and [redacted] x 6 weeks. The report from FRP week #6 noted patient having cognitive difficulties; current medication include Buprenorphine. The exam showed mild tenderness over lumbar paraspinal muscles, gait non-antalgic; range is 60% lumbar flexion, 25% extension, 100% cervical flexion and 50% extension; motor strength 4-/5 shoulder flexion and abduction; 3+/5 gluteus medius muscles bilaterally, 80% reduction in depression, anxiety with significant improvements in mood, mental status, and coping ability, able to squat 80% range with good body mechanics, tolerated 25 minutes of cardio training and unable to demonstrate the exercises independent and needs encouragement to participate in physical therapy activities. The patient was provided a home exercise program including cardio, core, resistance and flexibility training. Request for additional 6 sessions after care of FRP program was non-certified on 11/21/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions with a functional restoration after care program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Section Page(s): 30-34 & 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case. The criterion includes a level of disability or dysfunction, no drug dependence or problematic or significant opioid usage and a clinical problem for which a return to work can be anticipated upon completion of the services. The medical report submitted identified the patient's overall gains and some success with 80% reduction in depression, anxiety with significant improvements in mood, mental status, and coping ability; able to squat 80% range with good body mechanics; tolerated 25 minutes of cardio training. However, the patient still required verbal cueing, unable to demonstrate the exercises independent and needs encouragement to participate in PT activities despite already completing the 6 weeks of FRP rendered. Guidelines criteria does support to continue a functional restoration program beyond 20 sessions; however, requires clear rationale and functional improvement from treatment rendered along with reasonable goals to be achieved with specific individual care plans and focused goals. Submitted reports have not demonstrated clear rationale to support further sessions beyond the recommendations of the guidelines. The six sessions with a functional restoration after care program is not medically necessary and appropriate.