

Case Number:	CM14-0005970		
Date Assigned:	02/07/2014	Date of Injury:	09/24/2007
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 injured worker is a 43-year-old whose date of injury is September 24, 2007. The mechanism of injury is described as repetitively lifting boxes. Psychological status report dated September 27, 2013 indicates that diagnoses are adjustment disorder with anxiety, major depressive disorder, and pain disorder associated with both psychological factors and a general medical condition. Progress note dated October 14, 2013 indicates that the injured worker is status post C5-6 discectomy performed on March 25, 2010. Assessment dated October 3, 2013 indicates that the injured worker is not currently working. Treatment to date includes physical therapy, massage, nerve blocks and individual psychotherapy. Report dated December 30, 2013 indicates that medications include Cymbalta, Lyrica, Flector patch, Percocet and Silenor.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 SESSIONS OF FUNCTIONAL RESTORATION PROGRAM (5X6 WEEKS) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 30-33

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30-32

Decision rationale: The request is excessive as the Chronic Pain Medical Treatment Guidelines would support an initial trial of two weeks of functional restoration program to establish efficacy of treatment. The Chronic Pain Medical Treatment Guidelines additionally note that total treatment duration should generally not exceed twenty full day sessions. It is unclear when the injured worker last worked. The Chronic Pain Medical Treatment Guidelines do not generally recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The request for a functional restoration program for the lumbar spine, five times per week for six weeks, is not medically necessary or appropriate.