

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0107007 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/05/2012 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

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 44 year old female who was injured on March 5, 2012. The diagnoses listed as degeneration of lumbar or lumbosacral intervertebral disc (722.52). The most recent progress note dated 6/6/2014 reveals complaints of moderate level of nonsurgical back pain. Physical examination reveals antalgic gait with significant limp, unable to perform all of his self care needs, unable to reach feet for bathing, does not participate in any household or outside chores, relies solely on his wife. Prior treatment includes pain medications, twenty four sessions of physical therapy (which has not been sufficient to promote full function), trigger point injections, five weeks of pain restoration program since 3/24/14 (160 hours) with minimal progress. Pain score went from a 9 to 6 out of 10 on visual analog scale (VAS), is currently weaning off of Norco, and his anxiety went from a 16 to 12 was noted. He has a job to return to at a carwash. A prior utilization review determination dated 6/12/14 resulted in denial of one additional final week of functional restoration program five times a week for one week for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Additional final week of Functional Restoration Program 5 times a week for 1 week for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49 OF 127.

Decision rationale: CA MTUS provides that continued FRP treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Per ODG, total treatment duration should generally not exceed four weeks (20 full days or 160 hours), or the equivalent in part day sessions if required by part time work, transportation, childcare, or comorbidities. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The injured worker has completed five weeks of a pain program to date with minimal improvement documented. Given the lack of significant functional improvement in response to the extensive treatment rendered to date, medical necessity is not established for one additional final week of functional restoration program five times a week for one week for low back.