

<b>Case Number:</b>	CM14-0012926		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 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:

This patient sustained an injury on 7/6/10 while employed by [REDACTED]. The request(s) under consideration include [REDACTED]-med aftercare program, 2x per week for 5 weeks, for a total of ten sessions. Diagnoses include lumbar disc displacement. A report on 11/11/13 from the provider noted the patient low back pain has increased and continues with intermittent left leg pain. Current medications taken list Vimovo, Cymbalta. An exam showed lumbar flexion/extensions of 60/20 degrees; a straight leg raise test on left was at 80 degrees; bilateral Patellar and Achilles equal at 2+; right lower leg motor strength of 5/5 and left of 5-/5 weakness in tibialis anterior; psychological testing of 11/30. Diagnoses include L4-5, L5-S1 disc protrusion; left L5 radicular pain and weakness; L4-S1 facet syndrome; moderate reactive depression. The patient's treatment included Butrans; L4/L5 lumbar epidural steroid injection (LESI); and follow-up care of functional restoration program (FRP) with [REDACTED]-med x2 weeks. A report on 12/17/13 noted no change in constant back pain with 20% left leg numbness. An exam showed lumbar flex/ext 80/20 degrees; SLR of 90 degrees with full motor strength in bilateral lower extremities. The patient was recommended for bilateral L5 transforaminal ESI along with 2 weeks of FRP aftercare. A report of 1/11/14 noted previous benefit from [REDACTED] program. The request(s) for [REDACTED]-med aftercare program, 2x per week for 5 weeks, for a total of ten sessions was non-certified on 1/17/14 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:

**██████-MED AFTERCARE PROGRAM, 2 X PER WEEK FOR 5 WEEKS, FOR A TOTAL OF TEN SESSIONS: Upheld**

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

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

**Decision rationale:** The Guidelines criteria to continue a functional restoration program beyond completed program sessions requires clear rationale and functional improvement from treatment rendered. It states "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Overall, per the submitted assessment, the patient has unchanged or plateaued conditions with some decreased in exercise functions without mention for change in medication profile or functional status. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider for this patient who has completed the FRP. Submitted reports have not demonstrated clear indication or support further additional FRP transitional after care treatment beyond guidelines recommendations and criteria with further prescription of Butrans and planned LESI. The ████████-med aftercare program, 2x per week for 5 weeks, for a total of ten sessions is not medically necessary and appropriate.