

Case Number:	CM14-0016186		
Date Assigned:	04/14/2014	Date of Injury:	06/04/2008
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 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 63-year-old male who reported an injury on 06/04/2008 after packing boxes. The injured worker reportedly sustained an injury to his low back that ultimately resulted in an L3 through S1 discectomy and fusion in 02/2013. The injured worker was treated postsurgically with medications and physical therapy. The injured worker was evaluated on 03/17/2014. It was documented that the injured worker continued to have left sided low back pain. Physical examination revealed limited range of motion secondary to pain and a decreased right extensor hallucis longus and anterior tibialis reflex. The injured worker's diagnoses included status post L3 through S1 fusion and right wrist fracture resulting from a recent fall. The injured worker's treatment plan included referral to physical therapy and attendance of better balance classes and exercises through [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

12 BETTER BALANCE CLASS SESSIONS, 2 VISITS PER WEEK FOR 6 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009, Chronic Pain Page(s): 49. Decision based on Non-MTUS Citation Functional Restoration Programs (FRPs), and the Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Chronic pain programs (functional restoration programs), page 30.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker was referred to physical therapy, which would include these better balance class sessions. However, there was no description of what this component of the injured worker's physical therapy program would provide to the injured worker. The MTUS Chronic Pain Guidelines recommend functional restoration programs when treatment goals are clearly defined. The clinical documentation submitted for review does not clearly identify goals of treatment. Therefore, the appropriateness of this program cannot be determined. As such, the request is not medically necessary or appropriate.