

Case Number:	CM14-0124713		
Date Assigned:	08/08/2014	Date of Injury:	05/25/2012
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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:

The injured worker is a 29-year-old male who was reportedly injured on May 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 25, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated positive straight leg raising and a decreased lumbar spine range of motion. Diagnostic imaging studies were not presented for review. Previous treatment included 2 weeks of a functional restoration program, physical therapy, multiple medications and pain management interventions. A request was made for functional restoration program and was non-certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 2 weeks (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: It is noted that several weeks of a functional restoration program have been completed. This protocol included various physical modalities and the gains outlined were

modest at best. The criterion for a functional restoration program began with a determination that there is availability of outcome measurements. Seeing outcome measurements established is not clear if this is a protocol that can be extended. Therefore, when noting the modest gains, the amount of physical therapy completed and by the criterion noted in the California Medical Treatment Utilization Schedule, there is no clear clinical indication to continue this protocol based on the data presented. Therefore, this request is not medically necessary.