

Case Number:	CM14-0125521		
Date Assigned:	08/11/2014	Date of Injury:	07/25/2007
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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 34-year-old female who reported an injury on 07/25/2007. The mechanism of injury was not provided. On 08/01/2014, the injured worker presented with complaints of moderate back pain and persistent thumb swelling. Upon examination of the lumbar spine, the range of motion values were 45 degrees of flexion, 0 degrees of extension, 5 degrees of right lateral bending, and 5 degrees of left lateral bending. There was tenderness and spasm to palpation over the paravertebral muscles with tight muscle band noted bilaterally. There was tenderness over the spinous process at L3-5. The diagnoses were postlaminectomy syndrome of the lumbar spine, neurogenic bladder, and neurogenic bowels. The provider recommended a Functional restoration program, 4 hours a day, 5 days a week, QTY: 20 part day sessions (80 hours). The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 4 hours a day, 5 days a week, QTY: 20 part day sessions (80 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The request for a Functional restoration program, 4 hours a day, 5 days a week, QTY: 20 part day sessions (80 hours) is not medically necessary. The California MTUS/ACOEM states if an early return to work has been achieved and the return to work process is working well, the likelihood of depletion should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. It is also noted that preinjury or post-injury or illness, strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of reinjury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suite the injured worker's ability to considering an alternate replacement. The injured worker has participated in previous functional restorations sessions. There was no evidence of exceptional clinical findings or specific job related deficits or goals that were identified to substantiate a necessity of a functional restoration program. As such, the request is not medically necessary.