

Case Number:	CM14-0130225		
Date Assigned:	08/20/2014	Date of Injury:	10/28/2000
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 records, presented for review, indicate that this 65-year-old individual was reportedly injured on October 28, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished individual in no distress. There was no evidence of sedation. The gait pattern was described as normal and non-antalgic. There was tenderness to palpation of the lower lumbar region. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, physical therapy, pain management interventions and other conservative measures. A request had been made for functional restoration program and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy Functional Restoration Program for 160 hours Quantity: 160: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 1st requirement, as noted in the MTUS guidelines, is that it is recommended to have access to programs with proven successful outcomes. The initial evaluation and subsequent appeal do not list any outcome measurements for this program. Furthermore, such interventions should be completed within several years of the date of injury and clearly destined has long been passed. It is not clear if this injured worker is or is not a candidate for any additional surgery. Lastly, the factors affecting the efficacy of such programs were not addressed. Therefore, based on the clinical fracture presented for review, the medical necessity of this protocol has not been established.