

Case Number:	CM14-0157795		
Date Assigned:	10/01/2014	Date of Injury:	05/04/2012
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine 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 case is a 54-year-old male with a date of injury on 5/4/2012. A review of the medical records indicate that the patient is undergoing treatment for back pain, sciatica, chronic pain, depressive disorder, and anxiety disorder. Subjective complaints (9/4/2014) include low back pain primarily on the left side with radiation to thigh and numbness. Objective findings (9/4/2014) include tenderness to lower lumbar spine and "no contraindication to his participation in a functional restoration program". Treatment has included norco, Vicodin, surgical intervention, acupuncture, physical therapy, chiropractic treatment, and electrical stimulation. The patient underwent an evaluation for functional restoration program on 9/4/2014 and was deemed a suitable candidate. A utilization review dated 9/18/2014 non-certified the request for 160 Hours of Northern California Functional Restoration Program due to lack of initial functional restoration program evaluation and failure of conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of [REDACTED] Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program consisting of 160 hours without providing any interim evidence of progress. An initial functional restoration program of no more than 2 weeks is appropriate first before considering extension to 160 hours of treatment. As such, the request for [REDACTED] Functional Restoration Program X 160 hours are not medically necessary.