

Case Number:	CM14-0175145		
Date Assigned:	10/28/2014	Date of Injury:	09/23/2011
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 32 year-old male who was injured on 9/23/11 when he twisted his back. He complained of lower back pain radiating to left lower extremity. On exam, he had tender lower lumbar spine with decreased range of motion. A lumbar MRI showed a few disc bulges with mild foraminal narrowing. Electrodiagnostic testing showed possible left L5 radiculopathy. He was diagnosed with Lumbar Disc Displacement, Lumbar Radiculopathy, Chronic Constipation, Chronic Pain, Morbid Obesity, and Insomnia. His medications included Gabapentin, Tramadol, Senna/Docusate, Ibuprofen, Tizanidine, and Restone. He had Physical Therapy and Chiropractic Treatments without relief. His therapy only included hot backs with electrical stimulation and a sheet of exercise to do at home. He had a Toradol injection. He had epidural steroid injections with no benefit. The patient completed a functional restoration program with improved pain, increase in function, and improved mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional step down program 8 sessions 5 hours each: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: The request for a transitional step down program after attending a functional restoration program is not medically necessary. The patient has successfully completed a FRP after six weeks with improvement in function, pain, and from a psychological standpoint. He was able to reduce his medications and get off opiates. He was able to learn to manage long-term goals. The patient presents with the ability to independently continue a self-directed program since the patient is already able to maintain a home exercise program, manage flare-ups, and relaxation breathing. The use of a transitional program is not needed and is considered medically unnecessary.