

Case Number:	CM14-0023916		
Date Assigned:	06/11/2014	Date of Injury:	02/02/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Arizona. 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 patient is a 52 year old female with a date of injury on 2/2/2013. The patient has been treated for ongoing symptoms related to the low back. Subjective complaints are of back pain with pain in the bilateral legs that is worse on the right side. Physical exam shows Levoscoliosis of the thoracic spine, leg length discrepancy, decreased lumbar range of motion, and decreased sensation on the right L4-L5, and S1 left. Prior EMG (electromyography) showed bilateral S1 radiculopathy. Lumbar MRI from 5/4/13 shows annular tears of the right L3-4, and disc bulge at L4-5. Prior treatments include medication and physical therapy without any improvement in function or pain. The patient's spinal surgeon recommends injections and physical therapy, and the patient is not deemed a surgical candidate. Submitted documentation indicates that symptoms are causing a decline in her ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 160 HOURS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-34.

Decision rationale: The California MTUS identifies specific criteria for inclusion in a functional restoration program, including adequate and thorough prior investigation, failure of previous treatment modalities, significant loss to function independently, not a surgical candidate, and patient exhibits motivation to change. Total treatment duration should generally not exceed 20 full-day sessions (160 hours). The submitted documentation demonstrates that this patient fulfills all these criteria. Therefore, the use of a functional restoration program for 160 hours is medically necessary.