

Case Number:	CM14-0025951		
Date Assigned:	06/13/2014	Date of Injury:	02/29/2012
Decision Date:	07/25/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The patient is a 53 year old female who was injured on 02/29/2012. The mechanism of injury is unknown. Past medication history includes on 01/27/2014 Norco, Protonix, Topamax, Venlafaxine, Seroquel, and Flexeril. She has been treated conservatively with a functional restoration program that began on 12/10/2013. Diagnostic studies include an MRI dated 03/02/2012 which showed mild disc changes and broad-based disc bulges, predominantly in the lateral direction, through the mid intervertebral levels. There was mild facet arthropathy through the mid and lower lumbar levels. Progress report dated 11/12/2013 documented the patient with complaints of spasm in her lower extremities that woke her up throughout the night and low back pain. She states that the cramping starts in her groin or feet. She reports she has not been able to sleep. She will be starting a functional restoration program in January. Objective findings on examination reveal the patient's gait was grossly normal and non-antalgic. Diagnoses: 1.Pain in lower leg 2.Lumbar disc displacement without myelopathy. 3.Lumbosacral spondylosis 4.Sprain thoracic region Treatment Plan: Medications have been refilled. Patient states that the medications are helpful in reducing her pain and improving her function. She will begin the functional restoration program and follow up in four weeks. Progress report dated 01/20/2014 documents the patient has completed her third week of functional restoration program. The patient states the program has been useful in assisting her towards her goal of decreasing her reliance on pain medications. Objective findings on examination reveal her right upper extremity abduction strength has improved to 4/5, previously -4/5. She has improved her range of motion during a squat to 65% as well as her range of motion during a lunge to 65%. Diagnoses: 1.Pain in lower leg 2.Lumbar disc displacement without myelopathy. 3.Lumbosacral spondylosis 4.Sprain thoracic region Treatment Plan: The patient continues to show evidence of active participation and benefit and has been compliant. There has been a 45% reduction in her initial severe

symptoms. A request was made for the patient to continue the program for an additional 80 hours. Utilization report dated 02/04/2014 denied the request for Functional Restoration Program 80 hours for 3 weeks as medically unnecessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM X 3 WEEKS: Overturned

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, Functional Restoration Programs.

Decision rationale: This is a request for an additional 3 weeks of a functional restoration program for a 53 year old female. According to MTUS guidelines, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). At the time of the request, it appears that the patient had completed 77 hours over 3 weeks of a functional restoration program. There is detailed documentation of subjective and objective gains. Medical necessity is established for an additional 3 weeks of the functional restoration program, which appears to already have been completed. Total treatment is not to exceed 20 full-day sessions or 160 hours.