MAXIMUS Federal Services

Case Number:	CM14-0027139		
Date Assigned:	06/13/2014	Date of Injury:	08/02/2012
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 2, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; lumbar MRI imaging of January 29, 2013, reportedly notable for multilevel degenerative changes and low-grade disk bulges of uncertain clinical significance; and 20 sessions of physical therapy to date, per the claims administrator.In a Utilization Review Report dated February 3, 2014, the claims administrator partially certified a request for 160 hours of a functional restoration program as a trial of 80 hours of the same.The applicant's attorney subsequently appealed.In a January 16, 2014 multidisciplinary evaluation, the applicant was described as having chronic low back pain complaints, 8-9/10. The applicant was apparently using Protonix, Naprosyn, and Norflex, it was stated. It was stated that there was no contraindications that the applicant's participation in a functional restoration program. The applicant was given a Global Assessment of Functioning (GAF) 60 based on a diagnosis of depressive disorder and pain disorder with associated psychological features. It was stated that a functional restoration program could facilitate the applicant's participating in home exercises, including flexibility training, core strengthening, resistance training, ergonomic training, and improving sleep patterns. It was stated that the applicant could return to gainful employment.A January 6, 2014 progress note was notable for comments that the applicant had been discharged by her former employer. The applicant stated that she was alleging both a specific injury and cumulative trauma to the lumbar spine. The applicant stated that she was receiving training to obtain a real estate licence. A 10-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] FUNCTIONAL RESTORATION PROGRAM (NCFRP) X 160 HOURS FOR LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment is not suggested for longer than two weeks without evidence demonstrating efficacy as documented by subjective and objective gains. The MTUS goes on to note that treatment duration in excess of MTUS parameters requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the attending provider has not furnished any compelling rationale, narrative, or applicant-specific commentary which would support a 160-session course of treatment at the outset of care without interval progress assessments throughout the course of the treatment program. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the cardinal criteria for pursuit of functional restoration program include an absence of other options likely to result in significant clinical improvement. In this case, it has not been clearly stated why the applicant cannot continue her recovery through the context of a trial of regular work, conventional outpatient office visits, and/or self-directed home exercises. Therefore, the request for a 160-hour functional restoration program is not medically necessary, for all of the stated reasons.