

Case Number:	CM14-0028070		
Date Assigned:	06/16/2014	Date of Injury:	12/13/2013
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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 41-year-old female who sustained an injury to her low back on 12/13/12. The mechanism of injury was not documented. Treatment to date has included modified duties, medications, physical therapy, local injections to the right lower back and MRI. The patient was not deemed to be qualified as a surgical candidate. The injured worker complained of right low back and right hip/groin pain that radiates into the right buttock. Physical examination noted range of motion flexion 50, extension 14, right-sided 8, left side been 18, right lower extremity extension -22 left lower extremity hip extension -20; strength 2-3+/five.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (160 HOURS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that it must be documented that the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional

surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). 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). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Given the clinical documentation submitted for review, medical necessity of the request for functional restoration program times 160 hours has not been established. Therefore, the request for a functional restoration program (160 hours) is not medically necessary and appropriate.