

Case Number:	CM14-0029345		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2011
Decision Date:	07/24/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 35 year old with a work injury dated 8/16/11. The patient's diagnoses includes status post right inguinal hernia repair and annular tear at L5-S1 with low back pain and radicular right lower extremity pain. The patient's pain condition has been refractory to conservative management including pharmacotherapy and epidural steroid injection Interventions. He is status post right Inguinal hernia repair. Under consideration is a functional restoration program of 20 days. The documentation indicates that on 11/18/13 the patient was authorized 2 weeks of a functional restoration program. Per documentation there is a functional restoration program physician progress report week #3 dated 1/28/14, that states that the patient was on the third week of the program and unfortunately missed much of last week due to wife giving birth to their child and also he contracted the flu. The patient reported that he is recovered from the flu at this time. The patient was interested in being able to progress from a functional standpoint and returning to work after completion of the functional restoration program. On exam, there was reduction in lumbar range of motion in all planes, side bending to the right increased his pain in the low back, There was tenderness to palpation over the lumbar paraspinal muscles. The patient was diagnosed with inguinal hernias, status post repair, annular tear at L5-S1 with low back and radicular pain into the right lower extremity, The patient was set upon the goal of returning to gainful employment and was looking at different jobs including cleaning as well as restaurant work. According to functional restoration program physician progress report week #3 dated 1/31/14 the patient successfully completed the third week of the program and after three weeks continued to show evidence of participation and benefit. According to a functional restoration program physician progress report week #3 dated 1/31/14 the patient successfully completed the third week of the program and after three weeks continued to show evidence of participation and

benefit. His levels of anxiety and depression had decreased utilizing the Hamilton scales. A document dated 1/20/14-1/31/14 discusses ongoing treatment goals for week 4-6. There is a document dated 1/13/14-1/17/14 from week 2 of the functional restoration program that states that from a psychological standpoint after two weeks the patient is showing active participation and benefit. Based on his active participation and benefit there is a request for 20 more days of the program to help the patient meet the rest of his goals. There is a 2/14/14 request for reconsideration of the denial for 20 days of functional restoration that states that there is no dispute with regard to requesting the 20 days under discussion since the patient will not exceed 160 hours of the program. The physician is requesting the full program which is 160 hours. He states that he is not requesting additional time beyond 160 hours, and that there may be some confusion regarding this matter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 20 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) pages 30-32 Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Chronic pain programs (functional restoration programs).

Decision rationale: The request of a functional restoration program 20 days is not medically necessary per the MTUS and ODG guidelines. The ODG guidelines state that 20 full day sessions of a functional restoration program = 160 hours. There was authorization for 2 weeks (80 hours) given on 11/18/13. The documentation indicates that the patient had the flu and his wife gave birth so he missed much of week 2. The MTUS guidelines state that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The reconsideration letter states that the request is not requesting additional time beyond the 160 hours of the functional restoration program. The documentation is not clear on how many days the patient missed in the program. The documentation does not indicate that the patient was significantly set back in achieving his goals from any absence. The request as written is asking for the entire 20 sessions which if certified would exceed the guideline recommendations and therefore is not medically necessary.