

Case Number:	CM14-0033720		
Date Assigned:	06/20/2014	Date of Injury:	12/08/2012
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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, Pain 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 50 year old male whose date of injury is 12/08/2012. The mechanism of injury is described as cumulative injury to the low back due to loading trucks with material. The injured worker has completed 26 part-day sessions of functional restoration program. Note dated 02/06/14 indicates that he can walk nearly a mile. The patient can lift 30 pounds. He is not a surgical candidate and does not want injections. The patient has also been taking Excedrin only. Diagnoses are lumbar/lumbosacral disc degeneration, and facet arthropathy. Note dated 03/11/14 indicates the injured worker complains of chronic pain in his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 15 days: 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), pages 30-32 Page(s): 30-32.

Decision rationale: The submitted records indicate that the injured worker has completed 26 part day sessions of functional restoration program; however, the number of hours of the program completed to date is not documented. Total treatment duration should generally not

exceed 160 hours of functional restoration program. There are no current psychometric testing measures submitted for review, and no current, detailed physical examination provided. Based on the clinical information provided, the request for functional restoration program for 15 days is not recommended as medically necessary and appropriate.