

Case Number:	CM14-0037942		
Date Assigned:	06/25/2014	Date of Injury:	05/03/2010
Decision Date:	07/28/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, 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:

This 49 year-old patient sustained an injury on 5/3/10 while employed by [REDACTED]. Diagnoses include lumbar disc displacement without myelopathy. Review of the discharge report dated 2/14/14 indicated the patient was discharged from completion of a functional restoration program with current request for continued aftercare to make the transition to holistic wellness and maintaining the gains obtained during the functional restoration program to bridge the transition. The report summary indicated the patient's accomplishments with 85% lumbar flexion and 75% lumbar extension, bilateral upper extremity strength increased from 4/5 to 4+/5, able to tolerate 10 minutes of training versus 5 minutes on admission, and able to lift 6.5 lbs with good body mechanics from floor to waist versus lifting 16.5 lbs. from floor to waist with poor body mechanics on admission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) aftercare, six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Guideline criteria to continue a functional restoration program (FRP) beyond completed program sessions requires clear rationale and functional improvement from treatment rendered. It states 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. Overall, per the submitted assessment, the patient has unchanged or plateaued conditions with some decreased in exercise functions such as lifting potential without mention for change in medication profile or functional status. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider for this patient who has completed the FRP. Submitted reports have not demonstrated clear indication or support further additional FRP transition treatment beyond guidelines recommendations and criteria. As such, the request is not medically necessary.