

Case Number:	CM14-0038971		
Date Assigned:	07/23/2014	Date of Injury:	07/07/1985
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in 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 58 year old female who sustained an injury to her low back on 07/07/85 while moving a patient to another hospital bed. The injured worker complained of left radicular leg pain and axial low back pain described as aching, dull, pressure like, burning/needles and sharp/stabbing at 8/10 on the visual analogue scale (VAS). Physical examination noted mildly antalgic gait; mild difficulty sitting down and standing up from the chair, otherwise there was no postural guarding; strength in bilateral lower extremities 5/5; L2-3 with a minimal posterior subluxation; L4-5 with a two millimeter disc bulge lateral to the right side with mild right-sided neural foraminal narrowing; facet degenerative changes at this level. The injured worker was diagnosed with chronic low back pain, lumbosacral degenerative disc disease, chronic pain syndrome and opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Asclepius functional restoration program for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

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

Decision rationale: The request for Asclepius Functional Restoration Program for six months is not medically necessary. Previous request was denied on the basis that current standard of practice guidelines do not support functional restoration program for period of six months. A well-structured multidisciplinary functional restoration program is provided up to eight hours a day for a total of 160 hours of functional restoration program is generally completed in a period of four to six weeks. The provider needs to elaborate the reason for considering functional restoration program for six months. The request was not consistent with current standard and practice guideline recommendations; therefore, was not deemed as medically appropriate. The California MTUS states that treatment is not suggested for longer than two 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). Given this, the request for Asclepius functional restoration program for six months is not indicated as medically necessary.