

Case Number:	CM14-0043294		
Date Assigned:	07/02/2014	Date of Injury:	08/18/2008
Decision Date:	08/14/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 47-year-old male who reported an injury on 08/18/2008. The mechanism of injury was not provided. On 03/10/2014, the injured worker presented with low back pain. Lumbar range of motion values was 34 degrees of flexion and 15 degrees of extension. The diagnoses were chronic pain syndrome, sacroiliac dysfunction, low back pain, myofascial pain syndrome, insomnia and cervicalgia. Prior treatment included participation in a functional restoration program and medications. The provider recommended 8 additional part day functional restorations sessions. The provider stated because it is not only helping him physically but also emotionally and that the injured worker reports enthusiasm for the program and willingness to learn a multidiscipline approach towards managing his symptoms. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional part-day functional restoration sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Table 2, summary of recommendations, chronic pain disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS ACOEM states if an early return to work has been achieved and the return to work process is working well, the likelihood of depletion should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. It is also noted that pre-injury or post-injury or illness, strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suite the injured worker's ability to considering an alternate replacement. The injured worker has participated in previous functional restorations sessions. There was no evidence of exceptional clinical findings or specific job related deficits or goals that were identified to substantiate a necessity of continued interdisciplinary intervention. As such, the request is not medically necessary.