MAXIMUS Federal Services

Case Number:	CM14-0044664		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2009
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Management, and is licensed to practice in Oklahoma and 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 30-year-old who reported an injury on January 10, 2009. The mechanism of injury reportedly occurred when the injured worker bent down to stock candy and developed back and left leg pain. She is diagnosed with lumbosacral sprain/strain, lumbosacral disc injury and left L4-5 lumbosacral radiculopathy. Her past treatments included multiple medications, acupuncture, topical analgesics, physical therapy, activity modifications, and a home exercise program. Her surgical history included a lumbosacral fusion at the L5-S1 level. On March 19, 2014, the injured worker presented with complaints of pain in the low back and the leg. Her physical examination revealed decreased lumbosacral range of motion, an antalgic gait, a positive straight leg raise on the left side, and difficulty getting on and off the exam table. Her medications were noted to include Norco and Lyrica. The treatment plan included a random urine drug screen, the use of ketoprofen cream, home exercise, and participation in a functional restoration program as this type of program was noted to help the injured worker in the past. A request was received for aftercare. However, a clear rationale and Request for Authorization form were not provided for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aftercare for eight days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Resotrative Program (FRPs) Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic pain programs (functional restoration programs).

Decision rationale: According to the Official Disability Guidelines, the need for treatment post chronic pain/functional restoration program should be well-documented, as injured workers may require time-limited, less intensive post-program treatments. The guidelines also state that defined goals for these interventions and planned duration should be specified. The clinical information submitted for review indicated that the injured worker had previously participated in a functional restoration program and was recommended for this treatment again. However, clear documentation from her previous participation in and completion of this program were not provided with a clear rationale for post-program treatment. In addition, the request did not include defined goals and a planned duration. Based on the above, the request for aftercare for eight days is not medically necessary or appropriate.