

Case Number:	CM14-0049863		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2012
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Practice 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:

Claimant is a 34 year old male who sustained a work injury on 10/30/12 involving the low back. He was diagnosed with lumbar disc displacement with radiculopathy. His pain had been managed with oral analgesics. He had undergone lumbar epidural steroid injections and managed his symptoms non-surgically. He had completed a functional restoration program but does not feel he can continue home exercises independently. A functional restoration progress report on 3/28/14 indicated the claimant had completed Cognitive behavioral therapy (CBT), physical therapy and cardiovascular training. He has shown significant improvement in strength, range of motion, independent self-management, and 80-% reduction in anxiety. The treating psychologist recommended an aftercare program to bridge and transition the gains to daily life. An exam on 4/1/14 indicated the claimant had limited lumbar extension, flexion and lateral bending with a positive straight leg raise. He has an intention to return to work as an electrician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and functional restoration programs (FRP) and pg 31,47 Page(s): 31, 47.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines, chronic pain programs and Functional Restoration Programs (FRP) are recommended up to 20 weeks is after a few weeks the patient has shown improvement. There is insufficient evidence the need to support for a transition or aftercare program. The claimant had attained significant improvement with an FRP. Independent self-management was noted at the last visit of FRP. Although there may be benefit from an aftercare program it is not medically necessary.