

Case Number:	CM14-0061127		
Date Assigned:	07/09/2014	Date of Injury:	12/17/2010
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 is a 59 year old male with a 12/17/10 date of injury. The mechanism of injury was when he was working as a line cook and went to remove fish and meat from a walk-in refrigerator when he started falling, reached to catch something, and his back twisted. According to a progress note dated 6/4/14, the patient stated he had a flare-up of his chronic low back pain for a couple days, but his pain level has returned back to baseline. He reported that he continues with home exercise program and coping skills learned at the functional restoration program. He is tolerating his medications well without side effects. Objective findings: antalgic gait, tenderness to palpation at the lumbosacral junction, decreased ROM of lumbar spine, sensations were decreased to light touch along the right lateral calf and right anterior thigh compared to the left lower extremity, motor strength was decreased with right foot dorsiflexion and right leg extension compared to the left lower extremity. Diagnostic impression: cervical disc displacement, stenosis spinal lumbar, lumbar disc displacement without myelopathy. Treatment to date: medication management and activity modification. A UR decision dated 4/4/14 denied the request for functional restoration program. The claimant has had 20 sessions with documented improvement. At this juncture, additional sessions appear excessive and not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP (functional restoration program) participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. It is noted that additional sessions in the functional restoration program are intended to help the patient address detrimental behaviors and thought patterns that contribute to his depression. The provider is also requesting additional cognitive behavioral therapy. There is no rationale provided as to why the patient would need a multi-modality program to address his depression. In addition, the patient stated that he has been utilizing the home exercises and the coping skills he has learned from the functional restoration program with success. There is no documentation as to what goals are expected to be achieved with additional sessions despite the fact that the patient has already completed the maximum number of sessions supported by guidelines. Therefore, the request for Functional Restoration Program was not medically necessary.