

Case Number:	CM14-0071304		
Date Assigned:	07/14/2014	Date of Injury:	03/05/2012
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation 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:

The injured worker is a 44-year male who sustained work-related low back injury on March 5, 2012 while driving a car. The injured worker was seen on December 17, 2013 with complaint of left-sided and central low back pain with radiating pain along the left S1 distribution and associated symptoms of weakness, numbness and tingling in the left lower extremity. The injured worker has moderate level of disability and was dependent to others in performing self care activities. Physical examination of the lumbar spine revealed tenderness over the spinous process, iliac crest, posterior superior iliac spine, greater trochanter, supraspinous ligament, paraspinal region, iliolumbar region, gluteus maximus, gluteus medius, and the piriformis. Furthermore, range of motion was restricted, flexibility was decreased, motor strength was deficient, and body mechanics were poor. Interventions including medication, work restrictions, 24 sessions of physical therapy and trigger point injections have failed to improve the injured worker's ability to function independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of the Functional Restoration Program 10 days, 2 weeks, 60 hours (Weeks 5 & 6) for low back: Upheld

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

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

Decision rationale: Although the medical records received supported the importance to undergo initial functional restoration treatment, the injured worker's response with the program was however not documented. The injured worker had undergone functional restoration treatment; however, outcomes in terms of pain relief and function were not evident. The California Chronic Pain Medical Treatment Guidelines specified that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Moreover, clear rationale and reasonable goals were not specified to justify the continuation of the program. The California Chronic Pain Medical Treatment Guidelines dictates that longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Therefore, it can be concluded that the medical necessity of the requested additional two weeks of Functional Restoration Program (10 days, 2 weeks, 60 hours) is not medically necessary at this time.