

Case Number:	CM14-0088859		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2005
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on August 2, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 21, 2014, indicated there were ongoing complaints of back pain. Current medications include Neurontin and Lidoderm. Pain without medications was 7/10 on the visual analog scale (VAS) and with medications was 3/10. Diagnostic imaging studies of the lumbar spine revealed multilevel disc bulges and protrusions to include an L5-S1 foraminal disc protrusion displacing the exiting L5 nerve roots. There was a normal electrodiagnostic study (EMG/NCV) of the lower extremities. An MRI of the right ankle revealed mild osteoarthritic changes of the inter-tarsal and tarsal metatarsal joints. There were minimal synovial effusion and fluid along the flexor hallucis longus tendon suggestive of tenosynovitis. There was also a sprain of the deltoid and anterior talofibular ligaments. A request had been made for a functional restoration program and was not certified in the pre-authorization process on May 22, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 20 additional days (for a total of 30 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Restoration Programs, updated July 10, 2014.

Decision rationale: The attached medical record states that the injured employee has completed three weeks of a functional restoration program thus far and was stated to have reached a plateau. According to the Official Disability Guidelines, treatment is not suggested for longer than two weeks without evidence of documented efficacy by subjective and objective gains. Considering that at this point the injured employee has completed two weeks and appears to have achieved the maximum effective treatment, this request for an additional 20 days of a functional restoration program is not medically necessary.