

Case Number:	CM14-0092404		
Date Assigned:	07/25/2014	Date of Injury:	08/27/2010
Decision Date:	08/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

The injured worker is a 40-year-old female with an original date of injury of August 27, 2010. The injured worker's diagnoses include chronic low back pain, bladder issues, dyspepsia, lumbar spondylosis, and depressive disorder. The patient has been actively participating in a functional restoration program entitled [REDACTED]. The disputed requests in this case is for an additional 10 hours of [REDACTED]. A utilization review determination on June 13, 2014 had noncertified this request. The rationale for this non-certification was that the patient had only completed 138 hours of the 160 hours that were certified for this multidisciplinary program. Therefore, it was felt that the medical necessity of an additional 10 hours was not warranted. The recommendation by the reviewer was for the patient to be educated and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **10 hours:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Section Page(s): 31-33.

Decision rationale: All the submitted documentation were reviewed including recent updates from the functional restoration program for dates of service May 5th 2014 to May 9, 2014. I did not see any paperwork that addresses specifically the request for 10 additional hours of functional restoration program. The patient appears to be getting benefit from this program which includes physical therapy, vocational assessments, pain psychology, functional testing, and life skills training. After spending many hours in this restoration program, the patient should eventually be trialed on self-directed home exercises and implement coping strategies learned in the restoration program. This request is not medically necessary, per MTUS Guidelines.