

Case Number:	CM14-0096358		
Date Assigned:	07/28/2014	Date of Injury:	07/18/2012
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Illinois. 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 37-year-old female who reported an injury on 07/18/2012. The mechanism of injury involved a fall. Current diagnosis is thoracic and lumbar strain with right lower extremity radicular symptoms. The injured worker was evaluated on 06/11/2014. It is noted that the injured worker has been previously treated with physical therapy and acupuncture. The injured worker reported persistent lower back pain with intermittent lower extremity dysesthesia. It was also noted that on 02/25/2014, the injured worker achieved maximum medical improvement according to an AME report. The current medication regimen includes Relafen 500 mg, capsaicin cream, Flexeril 5 mg, and Gabapentin 600 mg. Physical examination on that date revealed tenderness to palpation, limited range of motion, decreased lateral tilt, negative straight leg raising, and intact sensation. Treatment recommendations at that time included a multidisciplinary functional restoration program. A request for authorization was submitted on 07/02/2014 for an appeal request for a [REDACTED] functional restoration program for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **functional Restoration Program, 160 hours.:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33..

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful. There should also be documentation of a significant loss of the ability to function independently. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. Therefore, the current request for an initial 160 hours exceeds Guideline recommendations. There was also no documentation of a significant loss of the ability to function independently. The injured worker's physical examination only revealed tenderness to palpation with limited range of motion. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.