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| Case Number: | CM14-0199286 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 11/27/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 23 year old male with an injury date on 11/27/13. The patient complains of low lumbar pain and radicular bilateral lower extremity pain with gait impairment per 11/4/14 report. The patient had some noticeable improvement in his gait pattern last week, but does not appear to have improved further this week, while using a single point cane per 11/4/14 report. The patient feels like his legs are getting stronger per 10/28/14 report, and previous use of topical cream on back side of his leg has been efficacious in relief of pain. Based on the 11/4/14 progress report provided by the treating physician, the diagnoses are: 1. L5-S1 disc protrusion with chronic back and bilateral lower extremity pain 2. adjustment disorder Most recent physical exam with range of motion testing on 9/11/14 showed "L-spine flexion is 20 degrees." The patient's treatment history includes medications, epidural steroid injection (not helpful), psychiatric consultation, physical therapy (7 visits). The treating physician is requesting functional restoration program (aftercare). The utilization review determination being challenged is dated 11/14/14. The requesting physician provided treatment reports from 8/7/14 to 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (aftercare): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Programs Page(s): 30-32.

Decision rationale: This patient presents with lower back pain and lower extremity pain. The treating physician has asked for functional restoration program (aftercare), per the 11/7/14 report. The treating physician has asked for aftercare sessions following 6 weeks of functional restoration program, a total of 160 hours, per utilization review letter dated 11/14/14. The patient has significantly improved gait, small decrease in anxiety, moderate decreases in pain and depression, and dramatic decrease in the degree to which pain interferes with functioning, per 11/7/14 report. The patient states that he plans to look for new employment, per 11/7/14 report. MTUS states, treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. 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. In this case, the patient has progressed well in 6 weeks of functional restoration program. There is no explanation as to why the patient is unable to reach additional incremental goals on his own. Therefore, this request is not medically necessary.