

Case Number:	CM15-0003876		
Date Assigned:	01/14/2015	Date of Injury:	09/14/2011
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 09/14/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbago/low back pain and thoracic or lumbosacral neuritis or radiculitis. The injured worker presented on 11/17/2014 for a followup evaluation. It was noted that the injured worker had participated in a Functional Restoration Program. The injured worker noted improved flexibility, strength, postural awareness, and activities of daily living secondary to the functional conditioning program. The injured worker was finishing week 4 of phase A in the functional condition program. It is noted that the injured worker was also participating in cognitive behavioral therapy. Recommendations included additional treatment in the Functional Restoration Program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

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 where there is access to programs with proven successful outcomes for injured workers with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Injured workers should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. Total treatment duration should not generally exceed 20 full day sessions. While it is noted that the injured worker noted significant improvement in function, there is a lack of documentation of objective functional improvement. It is unclear how the injured worker has made significant improvement toward the Physical Demand Level required for the specific employment position. Given the above, the request is not medically appropriate at this time.