

Case Number:	CM15-0004143		
Date Assigned:	01/26/2015	Date of Injury:	09/03/2009
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
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
 Certification(s)/Specialty: Emergency Medicine

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 60 year old female, who sustained an industrial injury on September 3, 2009. She has reported an injured to the lower back. The diagnoses have included chronic pain syndrome, post-laminectomy syndrome, lumbosacral neuritis, thoracic disc degeneration, cervical disc degeneration and lumbosacral spondylosis. Treatment to date has included pain medication and lumbar spine fusion. Currently, the injured worker complains of increased pain in the left lateral hip and continued pain in the low back. Her pain in the left lateral hip makes it difficult for her to sleep. During week three of the Functional Restoration Program, the injured worker had significant tenderness with palpation to the left greater trochanter bursa and increased curvature due to scoliosis. The documentation from weeks one and two were not provided for review. On December 29, 2014 Utilization Review non-certified a request for 10 additional days of Functional Restoration Program, noting that the appeal report dated 12/23/2014 states the initial review did not include a review of week one and two functional restoration progress notes which do identify objective functional restoration program gains. The California Medical Treatment Utilization Schedule was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of 10 additional days of Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional Days of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49, 31-32.

Decision rationale: The requested 10 Additional Days of Functional Restoration Program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functionalrestoration programs (FRPs), note that functional restoration programs are Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs, and note These programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker has increased pain in the left lateral hip and continued pain in the low back. Her pain in the left lateral hip makes it difficult for her to sleep. During week three of the Functional Restoration Program, the injured worker had significant tenderness with palpation to the left greater trochanter bursa and increased curvature due to scoliosis. The treating physician has not documented the specific rationale for additional aftercare sessions, nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The treating physician has not documented the rationale for this specified extension. The criteria noted above not having been met, 10 Additional Days of Functional Restoration Program is not medically necessary.