

Case Number:	CM15-0005825		
Date Assigned:	01/20/2015	Date of Injury:	02/18/2010
Decision Date:	04/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old male, who sustained an industrial injury on February 18, 2010. He has reported lower back pain and leg pain. The diagnoses have included lumbar spine spondylosis, lumbar spine stenosis, and sciatica. Treatment to date has included physical therapy, acupuncture, chiropractic, lumbar spine injections, and medications. Currently, the injured worker complains of lower back pain radiating to the legs and right shoulder pain following a recent fall. The treating physician is requesting a [REDACTED] Functional Restoration Program for 160 hours for the lumbar spine. On December 24, 2014 Utilization Review partially certified the request for a [REDACTED] Functional Restoration Program for 160 hours with an adjustment for the number of hours to 80. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] functional restoration program x160 hours for the lumbar spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

Decision rationale: [REDACTED] functional restoration program x160 hours for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for an entire program of 160 hours of a functional restoration program is not medically necessary without monitoring for evidence of functional improvement. Therefore, the request for [REDACTED] [REDACTED] functional restoration program x160 hours for the lumbar spine is not medically necessary.