

Case Number:	CM15-0006092		
Date Assigned:	01/23/2015	Date of Injury:	02/07/2014
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
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: 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 52-year-old male who reported an injury on 02/07/2014 due to cumulative trauma while performing normal job duties as a truck driver. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, and multiple medications. The injured worker's medications included oxycodone 5/325 mg, baclofen 10 mg, gabapentin 600 mg, Cymbalta 60 mg, and Zenpep by mouth 3 times a day. The injured worker underwent a multidisciplinary evaluation on 12/02/2014. Physical examination findings included reduced sensation to the bilateral lower extremities nonspecific to dermatomal distributions. It was determined that the injured worker was an appropriate candidate for a multidisciplinary program. The injured worker underwent a behavioral evaluation on 12/02/2014. It was determined that the injured worker had ongoing symptoms of chronic pain, depression, anxiety, and insomnia. Participation in a multidisciplinary program was recommended. A Request for Authorization was submitted on 12/16/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program for 5 weeks,(six hours Monday - Thursday and three hours on Friday for a total of 27 hours per week for 6 weeks for a total of 160 hours).:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The requested functional restoration program for 5 weeks (6 hours Monday through Thursday and 3 hours on Friday for a total of 27 hours per week for 6 weeks for a total of 160 hours) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend multidisciplinary programs for injured workers who do have both physical and emotional deficits preventing the injured worker from returning to work. The clinical documentation submitted for review did indicate that the injured worker has functional, physical, and emotional deficits that would benefit from a multidisciplinary program. However, the California Medical Treatment Utilization Schedule recommends an 80 hour trial to establish efficacy of treatment. The request exceeds this recommendation. There were no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested functional restoration program for 5 weeks (6 hours Monday through Thursday and 3 hours on Friday for a total of 27 hours per week for 6 weeks for a total of 160 hours) is not medically necessary or appropriate.