

Case Number:	CM15-0007751		
Date Assigned:	01/26/2015	Date of Injury:	07/31/2013
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male who reported an injury on 07/31/2013. The injured worker reportedly suffered a low back strain while installing a track for a garage door. The current diagnosis is lumbar disc displacement without myelopathy. A request for reconsideration note was submitted on 01/06/2015. It was noted that the injured worker had been referred for a functional restoration aftercare program to include 6 sessions. Previous conservative treatment is noted to include epidural steroid injection, physical therapy, and medications. The injured worker recently completed the [REDACTED] Functional Restoration Program. It was noted that the injured worker reported an improvement in symptoms from physical therapy. However, the injured worker reported ongoing low back pain without radicular symptoms. Upon examination, there was tenderness to palpation over the lower lumbar paraspinal muscles, limited lumbar flexion with guarding, improvement in right lower extremity hip extension, and 4/5 motor weakness. Given the residual functional deficits and the injured worker's inability to return to his prior occupation, 6 sessions of aftercare was recommended at that time. A Request for Authorization form was submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Functional Restoration aftercare program x 6 sessions:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Functional Restoration Program and Chronic Pain Programs

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. An adequate and thorough evaluation should be made. Total treatment duration should generally not exceed 20 full day sessions. According to the documentation provided, the injured worker has completed 6 weeks in the functional restoration program. The injured worker reported an improvement in symptoms with the physical therapy aspect of the program. The injured worker was able to increase the weight he could lift from 10 pounds to 30 pounds. The injured worker also learned new exercises to be performed at home. The medical necessity for ongoing treatment has not been established in this case. There is no indication that this injured worker is incapable of independent strategies with regard to pain management following completion of the functional restoration program. Given the above, the request is not medically appropriate.