

Case Number:	CM15-0018028		
Date Assigned:	02/05/2015	Date of Injury:	04/26/2011
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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:

This 43-year-old male sustained work-related back injury on 4/26/2011. According to the progress report from the primary treating orthopedic physician dated 1/5/2015, the diagnoses include chronic thoracolumbar spine strain, chronic lumbar radicular syndrome and chronic lumbar disc protrusion at L5-S1. He reports no improvement with self-treatment and flare-ups in the lower back when he attempts to increase activity. Previous treatments include medications, bracing, epidural steroid injections and physical therapy. Sessions of "functional therapy" were recommended in the treatment plan. The Utilization Review on 1/16/2015 non-certified the request for functional restoration two times weekly for three weeks for the lumbar spine, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration 2 x 3, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for functional restoration, it appears that the intended treatment is "functional therapy" rather than a formal functional restoration program. Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested functional restoration is not medically necessary.