MAXIMUS Federal Services

Case Number:	CM15-0131599		
Date Assigned:	07/17/2015	Date of Injury:	04/20/2010
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old female who sustained a work related injury April 20, 2010. While driving a school bus, the air seat bottomed out when hitting a bump, and she developed bilateral low back pain. Past history included diabetes. According to a multi-disciplinary evaluation report, dated May 26, 2015, the injured worker presented with continued radicular signs and symptoms along the right L2, 3, 4 dermatomes radiating to the anterior thigh, with appropriate neuroforaminal compression noted on MRI. She reports excruciating pain with difficulty functioning day-to-day, difficulty sleeping and depression and anxiety. She would like to wean off medication and return to work. Current medication included Norco, Gabapentin, Omeprazole, and Naproxen. Physical examination revealed; non-antalgic gait, pain with heel walk; reduced range of motion of the lumbar spine in all planes with increased pain; straight leg raise is positive on the right at 30 degrees; facet loading positive bilaterally with facet and right sacroiliac joint tenderness. Assessments are documented as lumbar disc with radiculitis; lumbar disc degeneration; low back pain. After a multidisciplinary team conference; medical psychological and physical therapy, it was noted that she would benefit from education in both pain and mood management. At issue, is a request for authorization for a Functional Restoration Program. Initial utilization review recommended modified authorization for 80 initial hours of a functional restoration program, noting that a more prolonged course of treatment would depend upon documentation of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34 of 127.

Decision rationale: Concerning functional restoration programs, MTUS states: "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains...Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The current request does not specify the amount or duration of proposed treatment. Therefore, it fails to meet MTUS criteria. Medical necessity is not medically necessary for the request as written.