MAXIMUS Federal Services

Case Number:	CM15-0132525		
Date Assigned:	07/21/2015	Date of Injury:	07/11/2012
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts
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 60 year old female with an industrial injury dated 07/11/2012. The injured worker's diagnoses include lumbar displaced intervertebral disc/herniated nucleus pulposus and lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, functional restoration program and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported an industrial injury causing left greater than right back pain and left foreleg foot numbness and tingling. The treating physician reported that the injured worker was diagnosed with a grade one L4-5 spondylolisthesis with 2 millimeter disc bulge with moderate facet arthropathy contributing to moderate canal stenosis with left L5 and S1 radicular numbness. Documentation noted that the injured worker was also symptomatic from 4milimeter L5-S1 disc bulge with annular tear causing effacement of lateral impacting the right S1 nerve root. The injured worker underwent a functional restoration evaluation on 3/05/2015. The program was initiated on 5/7/2015. The treating physician noted that the injured worker had demonstrated outstanding progress medically, functionally, psychologically and vocationally. Objective findings revealed improvement in lumbar range of motion, improvement in bilateral straight leg raises, decrease Beck depression score and decrease Beck Anxiety score. The treating physician prescribed services for extension functional restoration program-20 visits now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension functional restoration program - 20 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work-related injury in July 2012 and is participating in a functional restoration program. When requested, she had completed 4 weeks of treatment. After fours week of treatment her medications were unchanged and she was having increased pain from 4-7/10 to 6-8/10. Return to work as a teacher was her goal. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work. Total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant's medication use and pain scores do not reflect improvement with the treatments provided after four weeks in the program. The request for an additional four weeks is not medically necessary.