

Case Number:	CM15-0139490		
Date Assigned:	07/29/2015	Date of Injury:	02/22/2010
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This 45 year old female sustained an industrial injury to the low back on 2-22-10. The injured worker was currently being treated in a functional restoration program that was initiated on 6-1-15. In a progress note dated 6-12-15, the physician stated that the injured worker continued to remain active in the education and physical components of the program. The physician stated that the injured worker was deconditioned at the start of the program. The injured worker continued to exhibit reduced functional tolerance testing and increased frequency of pain flares. The injured worker had been able to reduce the amount of Baclofen from three times a day to twice a day since initiating the program with a plan for ongoing weaning of medications. The injured worker participated well in the pain skills group. The injured worker advanced to level 2 posture and core training. Current diagnoses included low back pain. The treatment plan consisted of requesting authorization for the remaining 16 days of functional restoration program treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

program 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional Restoration Programs.

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

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for low back pain. She has already been approved for and is participating in a functional restoration program. After completion of five days of treatment, there had been a 50% improvement in standing and lifting capacity. The claimant is motivated to discontinue use of medications and participating in treatments. Being requested is authorization for the remaining treatment sessions. Return to work continues to be a goal of treatment. In terms of Functional Restoration Programs, guidelines suggest against treatment for longer than two 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, there is evidence of objective and subjective improvement during the first week of treatment. The total number of sessions is within that recommended and is considered medically necessary.