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| Case Number: | CM15-0142128 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 07/22/2013 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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 33 year old male who sustained an industrial injury on 7-22-13. He had complaints of low back pain. He was diagnosed with sprain lumbar region. Treatments include: medication, physical therapy, ice, home exercise program, functional restoration program and injections. Progress report dated 6-29-15 reports consistent complaints of low back pain and leg pain with intermittent bilateral numbness and tingling in his legs. The pain is aggravated by repetitive movement, bending and sweeping, prolonged walking or sitting. The injured worker has completed the initial 69 hours of the functional restoration program with benefit. Request is made for 6 aftercare sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 [REDACTED] Functional restoration aftercare program sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs functional restoration programs.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for low back pain. Treatments have included medications, physical therapy, injections, and recent completion of a functional restoration program. When requested, he had completed six weeks of treatment in the program. There had been overall improvement in range of motion and strength. Recommendations included a continued on exercise program with which she had become proficient. There was a plan including return to work. He was intending to complete completion of a psychology degree and retrain to become a counselor. He had increased social contact and reduced social isolation. He was considered permanent and stationary. Work restrictions were provided. Authorization is being requested for aftercare. Guideline suggestions for treatment after completion of a functional restoration program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. In this case, however, the claimant has successfully completed the program and made significant gains. His ongoing exercise needs and return to work plan are clearly defined. He is considered permanent and stationary and his care would be returned to the primary treating provider. The information provided does not establish the need for aftercare at the present time. If there is failure of the treatment plan as outlined, then this could be reconsidered by the primary treating provider. The request for six aftercare sessions is not medically necessary.