

Case Number:	CM15-0160995		
Date Assigned:	08/28/2015	Date of Injury:	04/16/2013
Decision Date:	10/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 64 year old female, who sustained an industrial injury on 4-16-13. She reported back pain. The injured worker was diagnosed as having axial low back pain secondary to an L1 compression deformity greater than 50% with a small amount of retropulsion into the central canal. Treatment to date has included 4 weeks in a functional restoration program and medication. The treating physician noted the injured worker reported good benefit from the functional restoration program but that she continued to require further participation in the program. Currently, the injured worker complains of back pain. The treating physician requested authorization for the final 2 weeks of a functional restoration program (5 days per week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Final 2 weeks of Functional Restoration Program (5 days per week for 6 weeks):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional Restoration Programs) Page(s): 30-2.

Decision rationale: MTUS 2009 states that treatment duration in excess of 20 sessions require a clear rationale for the specified extension and reasonable goals to be achieved. The accompanying request describes progressive functional improvement with carrying, lifting and exercise intensity. There are remaining goals described which are reasonably achievable based upon prior progress. This request for an additional 2 weeks participation in a functional restoration program adheres to MTUS 2009 and is medically necessary.