

Case Number:	CM15-0164718		
Date Assigned:	09/02/2015	Date of Injury:	11/06/2012
Decision Date:	10/05/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 11-06-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include psychophysiological disorder, lumbar disc degeneration, radiculopathy and pain in the right leg, and gastric bypass in May 2015. Treatments to date include activity modification, medication therapy, physical therapy, aquatic therapy, and steroid injections. Currently, she complained of ongoing low back pain with radiation to both buttocks. On 7-22-15, the physical examination documented lumbar tenderness and a left side antalgic gait. The plan of care included requested an additional two weeks of the functional restoration program (sixty (60) hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2 weeks of the functional restoration program (60 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, chronic pain programs, Types of programs, Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Additional 2 weeks of the functional restoration program (60 hours) is not medically necessary per the MTUS Guidelines. The MTUS does not recommend treatment for longer than 2 weeks in a functional restoration program without evidence of efficacy. The MTUS states that the functional restoration program is for patients that have a significant loss of ability to function independently. The documentation does not reveal evidence of functional improvement from prior testing to justify continued treatment. Additionally the documentation dated 4/23/15 and 6/10/15 indicates that the patient requires no assistance with bathing, cooking, dressing, driving, housekeeping or toileting, which does not indicate a significant loss of ability to function independently therefore request is not medically necessary.