

Case Number:	CM15-0164790		
Date Assigned:	09/02/2015	Date of Injury:	06/17/1995
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
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 57 year old female, who sustained a work- industrial injury on 6-17-95. She reported complaints or symptoms of neck pain, lower back pain, hips and right upper and lower extremity pain. Previous treatments included medication, bracing, nerve blocks, acupuncture, chiropractic care, injections, home exercise, physical therapy, aquatic therapy, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. On 6-24-15, information stated the pain had lasted beyond the anticipated time of healing. Previous methods of treating the pain were unsuccessful. There was functional decline and currently unable to participate in her activities of daily living. The treating physician's plan of care included a Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 25, 30-34.

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

Decision rationale: Functional restoration program, 80 hours, for management of symptoms related to lumbar spine injury is not medically necessary per the MTUS Guidelines. The MTUS states that particular criteria for admission to a chronic pain program need to be met including that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Additionally, the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation only reveals a 6/24/15 appeal without a physical examination. There is no documentation of a thorough evaluation with baseline functional testing. Without this information, the request for a functional restoration program is not medically necessary.