

Case Number:	CM15-0166173		
Date Assigned:	09/03/2015	Date of Injury:	04/16/2013
Decision Date:	10/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 04-16-2013. Mechanism of injury was a fall over a bucket and mop and she struck her back against the sink and then fell in the seated position. Diagnoses include axial low back pain secondary to an L1 compression deformity. In August of 2014, she broke her arm; her garage door blew shut on her arm. Treatment to date has included diagnostic studies, medications, chiropractic sessions, psychological sessions, physical therapy, a home exercise program, and use of a Transcutaneous Electrical Nerve Stimulation unit and so far a 4 week Functional Restoration Program. An unofficial Magnetic Resonance Imaging of the lumbar spine revealed a depression deformity in the central aspect of the L1 vertebral body with 50% disc height loss. There is a herniation and some retropulsion of the upper corner of the L1 vertebral body into the central canal effacing the thecal sac. A physician progress note dated 08-14-2014, the fourth week of a Functional Restoration Program documents the injured worker is working at overcoming fear. Her activities of daily living are improving. She is having some flares of pain due to reaching the higher weight this week. She has demonstrated increased in functionally related tasks. She was able to show appropriate increases in her tilting, carrying, walking and squatting ability. She is demonstrating good benefit; she continues to require further participation in the program. An additional week will assist her in preparing for discharge at a higher level of function, and allows her to progress further after the program. She requires verbal cuing to push herself to the highest functional level possible. She continues to have multiple questions regarding how to use the skill effectively. She is not yet independent in the use of active pain management tools, activity

progression, pacing and working towards overcoming her barriers. In lifting from waist to shoulder on 07-20-2015-2 pounds and on 08-14-2015-14 pounds; lifting waist to floor level initially she was unable and on 08-14-2015-14 pounds; carrying double hand initially-2 pounds and on 08-14-2015-14 pounds; carrying single hand initially 2 pounds in each hand and on 08-14-2015-7 pounds in each hand; walking initially-1.0 mph for 10 minutes and on 08-14-2015-3.0 mph for 20 minutes; and with activities of daily living initially she was not independent and on 08-14-2015 she was improving in squatting and bending tolerance. Regarding pain management initially she was unable to manage flare and on 08-14-2015 she was able to perform flare management using active pain management skills with moderate to minimal cueing. She is independent with deep breathing, relaxation and cognitive restructuring. She continues to use Ibuprofen as needed. Treatment requested is for final week of Functional Restoration Program 5 days per week for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final week of Functional Restoration Program 5 days per week for 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: CA MTUS Guidelines supports the use of Functional Restoration Programs (FRP) for patients with chronic disabling musculoskeletal disorders. In this case, the documentation submitted indicates that the claimant has completed the recommended 4 week FRP with significant improvement. The request is for an additional 5th week of FRP. The available evidence (improved ADLs, carrying, lifting, mood and copying skills) does not support the need for extending the FRP. The documentation does not detail an adequate rationale to support the necessity of exceeding the recommended 4-week program. Therefore, the medical necessity of extending the FRP for 5 weeks is not medically necessary.