

Case Number:	CM15-0183487		
Date Assigned:	09/24/2015	Date of Injury:	04/27/2012
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 4-27-12. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain syndrome, low back and left lumbar disc myofascial pain, degenerative disc disease lumbar spine. Medical records dated 8-24-15 through 8-26-15 indicated "tremendous progress in the physical therapeutic and rehabilitative approaches to manages his chronic pain, as well as his use of psychological approaches". Treatment has included functional restoration program, status post right hip replacement, Suboxone, use of a cane, Flexeril, Lidoderm patches, and ice packs. Objective findings dated 8-24-15 through 8-26-15 indicated the injured worker "Participated in all the fitness and functional activities components this week" additionally noting "was limited in walking and standing due to increased left ankle pain and low back pain along with fatigue." The original utilization review (8-26-15) denied a request for 1 [REDACTED] program remaining 35 hours 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] program remaining 35 hours/7 days: Overturned

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: The patient presents with chronic pain affecting the lower back and bilateral lower extremities. The current request is for 1 [REDACTED] program remaining 35 hours/7 days. The treating physician report dated 7/22/15 states that the patient has showed moderate improvement in his severe deconditioning. The patient is participating in the [REDACTED] program 5 hours per day. There had been 40 hours completed in the [REDACTED] program at that time and an additional 50 hours were then authorized. The treating physician goes on to state, "I still believe that the patient should be approved for a total of 32 days." The MTUS guidelines state that the total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). In this case, the treating physician has documented improved functional ability to perform physical ADLs and there is documented decrease in medication usage during the first 125 hours of participation in the [REDACTED] program. The MTUS guidelines allow up to 160 hours in a functional restoration program. The current request for the patient to complete the [REDACTED] program is medically necessary.