

Case Number:	CM15-0192459		
Date Assigned:	10/06/2015	Date of Injury:	06/07/2011
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Pennsylvania, Ohio, California
 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 45 year old male, who sustained an industrial injury on 06-07-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical degenerative disc disease, lumbar post-laminectomy syndrome, and sciatica. Medical records (to 09-11-2015) indicate ongoing constant low back pain with radiation into both lower extremities. Records also indicate improved activity levels and level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The functional restoration program (week #5 report), dated 08-10-2015 to 09-11-2015, revealed improved cervical range of motion (ROM), improved right upper extremity (ROM), improved strength, improving ability to exercise without instruction, improving understanding functional abilities, improved understanding of limitations and awareness of body mechanics, and reduced fear avoidance behaviors. Relevant treatments have included; lumbar laminectomy surgery, physical therapy (PT), chiropractic treatments, epidural steroid injections, psychological and psychiatric treatments, 5 weeks of Functional Restoration Program (from 08-10-2015 to 09-11-2015), work restrictions, and pain medications. The request for authorization (09-15-2015) shows that the following services were requested: an additional 40 hours Functional Restoration Program 09- 08-2015 through 09-18-2015 for the cervical and lumbar spines. The original utilization review (09-24-2015) non-certified the request for an additional 40 hours Functional Restoration Program 09-08-2015 through 09-18-2015 for the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 40 hours Functional Restoration Program 9/8-9/18/2015 (C/S, L/S): 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): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS recommends an FRP program as an option when other methods of treating chronic pain and functional loss have failed. This guideline does not recommend more than 120 hours of FRP treatment unless there is a clear rationale for exceeding this threshold and clinical reasoning as to the probable benefits of exceeding this threshold. The current request would exceed this 120 hour FRP threshold without clearly documented clinical reasoning for such an exception. The request is therefore not medically necessary.