

Case Number:	CM15-0192460		
Date Assigned:	10/06/2015	Date of Injury:	06/07/2011
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on 6-7-11. Current diagnoses or physician impression includes post lumbar laminectomy syndrome, sciatica, chronic pain, depression, anxiety, bilateral lumbar radiculopathy (right greater than left), cervical spondylosis and multilevel degenerative disc disease. Disability status is permanent and stationary. Notes dated 7-2-15 - 9-4-15 revealed complaints of constant low back pain that radiates to both of his lower extremities. He reports medication helps to reduce some of his pain. Depression is reported as moderate to severe and anxiety is moderate. A physical examination dated 5-21-15 - 9-4-15 reveals lumbar spine tenderness to palpation over the lower lumbar paraspinal muscles and tenderness around the lumbar surgical sites with "significant restriction in range of motion of the lumbar spine" as well as lumbar spine spasms and guarding. The straight leg raise was positive bilaterally. Treatment to date has included a functional restoration program; physical therapy week 4 (8-31-15 - 9-4-15) reveals improved cervical spine, lumbar spine and bilateral upper extremity range of motion, improved bilateral upper extremity strength and improved function. The note further states the injured worker is experiencing a decrease in depression and improved sleep from Cognitive Behavioral Therapy and he has been able to reduce his use of pain medications. He has also received lumbar epidural steroid injections (were not beneficial), physical therapy (was not helpful), chiropractic therapy (was not helpful), per note dated 5-21-15) and psychotherapy. Diagnostic studies to date have included lumbar MRI, cervical MRI and lumbar x-rays. A request for authorization dated 9-1-15 for 80 additional hours of functional restoration program is modified to 40 hours, per Utilization Review letter dated 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 additional hours of functional restoration program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, intensity.

Decision rationale: MTUS Guidelines recommends up to 20 full days (160 hrs) of functional restoration as adequate for this type of program. The Guidelines recommend a checkpoint at about the halfway point to assess participation and benefits. Good participation, slight physical gains and good emotional gains are well documented. This meets the Guideline criteria to complete such a program. The physical gains although slight, appear too meaningful and broad across several measures. Under these circumstances, the request to complete the program with 80 additional hours of functional restoration program is supported by Guidelines and is medically necessary.