

Case Number:	CM15-0199197		
Date Assigned:	10/14/2015	Date of Injury:	07/09/2013
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
 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 39 year old male who sustained an industrial injury on 07-09-2013. According to the most recent progress report submitted for review and dated 09-10-2015, subjective complaints were not documented. Objective findings included normal gait, no use of assistive device, positive tenderness to palpation over the coccyx, painful range of motion of the lumbar spine, positive straight leg raise and mild left sided weakness with knee extension flexion. Diagnoses included thoracic sprain strain injury, lumbosacral sprain strain injury, coccydynia, lumbosacral disc injury, lumbosacral radiculopathy and myofascial pain syndrome. Current medications included Norco, Amrix and Neurontin. One of these medicines caused side effects, but he could not recall which medicine. The injured worker had completed 2 weeks of a functional restoration program which had been "helpful" for the injured worker to better cope and manage his chronic pain condition through Tai Chi, yoga, meditation, mindfulness, exercise and cognitive behavioral psychology. The treatment plan included continuation of the functional restoration program. The injured worker remained temporarily partially disabled with limitations of no pushing or pulling more than 10 pounds with occasional back bending and twisting activities. The work status was unchanged from the previous office visit on 08-20-2015. An authorization request dated 09-10-2015 was submitted for review. The requested services included functional restoration program x 2 weeks. On 09-29-2015, Utilization Review non-certified the request for additional 10 hours of functional restoration program lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 hrs of Functional Restoration Program (L/S): Upheld

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): Functional restoration programs (FRPs).

Decision rationale: This independent medical review is to determine the medical necessity of an additional 10 days of a functional restoration program. MTUS guidelines state that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Regarding this patient's case, he has completed 2 weeks of a functional restoration program, and there is no documentation of subjective and objective gains. Likewise, this request is not considered medically necessary.