

Case Number:	CM15-0203851		
Date Assigned:	10/20/2015	Date of Injury:	10/23/2012
Decision Date:	12/02/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on October 23, 2012. He reported injury to the low back. The injured worker was diagnosed as having major depression, back pain and sciatica with lumbar spondylosis, multilevel lumbar spondylosis and chronic pain syndrome. Prior treatments included physical therapy without benefit, acupuncture, psychological treatment, medication, exercise and injection. On September 24, 2015, notes stated that the injured worker participated in a functional restoration program with excellent gains in his strength, stabilization level and improvement in anxiety and depression. He also lost weight, learned body mechanics and improved his plank from a few seconds to over two minutes. The injured worker was reported to still have mild depression and limited endurance. He was noted to be returning to work in an area where he will do some lifting. Future treatment included twelve sessions of aftercare in the functional restoration program. On October 5, 2015, utilization review denied a request for aftercare program at two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aftercare program 2 times a week for 6 weeks: 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): Chronic pain programs (functional restoration programs).

Decision rationale: Aftercare program 2 times a week for 6 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The documentation does not reveal extenuating factors that would necessitate 12 more sessions of aftercare. The patient can continue his home exercise program and working on vocational goals independently. He will continue to follow up independently as he has been with his psychiatrist. The request for aftercare is not medically necessary.