

Case Number:	CM15-0027425		
Date Assigned:	02/19/2015	Date of Injury:	09/16/2013
Decision Date:	03/25/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 21-year-old male who reported an injury on 09/16/2013. The injured worker reportedly suffered a low back strain while bending over to lift vegetables. The injured worker is currently diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, left sciatica, depression/anxiety, insomnia, and chronic pain. The injured worker presented on 01/29/2015 for a comprehensive multidisciplinary pain management evaluation. It was noted that the injured worker has been previously treated with 24 sessions of physical therapy, anti-inflammatory medication, and epidural steroid injections. The current medication regimen includes Norco 10/325 mg and ibuprofen 200 mg. Upon examination, there was limited lumbar range of motion, +4/5 motor weakness in the left lower extremity, positive straight leg raise on the left, and diminished sensation in the left L4-S2 dermatomes. The injured worker underwent psychological testing to include the MBMD, Beck Depression Inventory, Beck Anxiety Inventory, and MPI. From a psychological standpoint, it was noted that the injured worker was a good candidate for participation in a multidisciplinary functional restoration program. A Request for Authorization form was then submitted on 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program at (██████)- Six (6) Hours Daily Monday Thru Thursday and Three (3) Hours on Friday for a Total of 27 Hours/Week for 8 Weeks for a Total of 160 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is axis to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful with an absence of other options that are likely to result in significant clinical improvement. While it is noted that the injured worker may meet criteria for the requested program, California MTUS Guidelines also do not suggest treatment for longer than 2 weeks without evidence of demonstrated efficacy. Therefore, the current request for 8 weeks in a functional restoration program is not medically appropriate.