MAXIMUS Federal Services

Case Number:	CM15-0212669		
Date Assigned:	11/02/2015	Date of Injury:	07/26/2011
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This is a 56-year-old female with a date of industrial injury 7-26-2011. The medical records indicated the injured worker (IW) was treated for displacement of lumbar intervertebral disc without myelopathy and disorders of the bursae and tendons in the shoulder region, unspecified. In the weekly progress notes (9-18-15), the IW reported pain in the neck, upper back and right shoulder with radiation to the bilateral arms and elbows, right wrist and right hand. Current medications were Naproxen, omeprazole and amlodipine. In the 9-25-15 notes, she reported reduced pain and improved overall function and improved quality of sleep. On examination (9-18-15 and 9-25-15 notes), there was tenderness to palpation over the right superior trapezius, over the anterior and posterior right shoulder and severely decreased range of motion of the right shoulder. There was sciatic notch and right sacroiliac joint tenderness and bilateral lumbar paraspinal tenderness consistent with spasms. Lumbar facet loading maneuver was positive bilaterally. Seated and supine straight leg raise was positive on the right to 50 degrees. Patrick's test and Gaenslen's maneuver were positive. Muscle bulk and tone was normal in all extremities. Motor strength was 5 out of 5 and symmetric in all extremities, except 4+ out of 5 right ankle plantar flexion and right great toe extension. Sensation was diminished in the right L5 and S1 dermatomes in the bilateral lower extremities. Reflexes were 1+ out of 4 in the bilateral upper and lower extremities. Treatments included the therapies provided in the functional restoration program she had attended and anti-inflammatory medication. The IW was temporarily totally disabled. Over the course of 5 weeks in the FRP, she had reduced her use of Naproxen 550mg to once at bedtime. She had increased her lifting and carrying capacity. The provider noted the IW

was fully participating in all aspects of the program and that she was doing well with socialization; she discussed making significant changes outside the program to help manage her pain and her mood. It was stated additional hours were needed to avoid a lapse in treatment, as the program is usually 160 hours; she had completed 95 hours. A Request for Authorization was received for 60 additional hours of a functional restoration program. The Utilization Review on 9-29-15 modified the request for 60 additional hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 60 additional hours: Upheld

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

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

Decision rationale: MTUS guidelines states regarding Functional Restoration Programs, "Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, 60 additional hours has been requested. Utilization review approved 40 hours (2 weeks) as there has been evidence of objective functional gains. Likewise, the requested 60 hours is not considered medically necessary.