MAXIMUS Federal Services

Case Number:	CM15-0212866		
Date Assigned:	11/02/2015	Date of Injury:	08/07/2014
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 32 year old male, who sustained an industrial injury on 08-07-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high blood pressure, lumbar disc displacement, right lumbar radiculopathy, and lumbar spinal stenosis. Medical records (04-08-2015 to 09-21-2015) indicate ongoing low back pain with lower extremity radiculopathy and weakness, right hip pain and right ankle pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW could return to work with restrictions. The physical exam, dated 09-21-2015, revealed tenderness to palpation in the upper, mid and lower paravertebral muscles, restricted and painful range of motion in the lumbar spine, and decreased sensation in the bilateral lower extremities in the L5 distribution with trace weakness in the right extensor hallucis longus and tibialis anterior. The exam of the pelvis, hips and lower extremities showed no abnormalities. The previous exam, dated 09-01-2015, reported improved bilateral distal lower extremity strength, and resolved lumbar tension and spasms. Relevant treatments have included: 15 sessions of a functional restoration, work restrictions, and pain medications. The request for authorization (09-25-2015) shows that the following services were requested: 12 sessions of continued functional restoration. The original utilization review (10-01-2015) non-certified the request for 12 sessions of continued functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Functional Restoration x12: 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: The requested continued functional restoration x12, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has ongoing low back pain with lower extremity radiculopathy and weakness, right hip pain and right ankle pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW could return to work with restrictions. The physical exam, dated 09- 21-2015, revealed tenderness to palpation in the upper, mid and lower paravertebral muscles, restricted and painful range of motion in the lumbar spine, and decreased sensation in the bilateral lower extremities in the L5 distribution with trace weakness in the right extensor hallucis longus and tibialis anterior. The exam of the pelvis, hips and lower extremities showed no abnormalities. The treating physician has not documented the specific rationale for additional aftercare sessions, nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The treating physician has not documented the rationale for this specified extension. The referenced guideline notes, "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the specific rationale for additional aftercare sessions, nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, continued functional restoration x12 is not medically necessary.