

Case Number:	CM15-0037330		
Date Assigned:	03/05/2015	Date of Injury:	08/29/2013
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 30 year old female, who sustained an industrial injury on August 29, 2013. She has reported injury of the back and neck. The diagnoses have included lumbar mild discogenic changes. Treatment to date has included medications, imaging, modified work status, acupuncture, physical therapy, and chiropractic treatment. Currently, the IW complains of continued low back, mid back, and neck pain, and right hand numbness. Cervical spine x-rays on July 31, 2014, reveal mild dextroscoliosis. A magnetic resonance imaging of the lumbar spine on January 3, 2014, reveals mild disc desiccation, and no disc protrusion or stenosis. Physical findings reveal pain with spasms over the cervical spine area. Range of motion of the cervical spine is noted as: flexion 50%, extension 40%, side to side bending 60%. The lumbar spine is noted to have tenderness in the midthoracic area. Range of motion is: flexion 50%, extension 20%, and side to side bending 50%. Straight leg raise testing is positive. On February 12, 2015, Utilization Review modified certification of functional restoration program, #80 hours. The cited guidelines were not available for this review. On February 25, 2015, the injured worker submitted an application for IMR for review of functional restoration program, #160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program- 80 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains," and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program consisting of 160 hours without providing any interim evidence of progress. The UR had modified the request to 80 hours. As such, the request for Functional restoration program 160 hours is not medically necessary.