

Case Number:	CM15-0040004		
Date Assigned:	03/10/2015	Date of Injury:	06/15/2011
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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 49 year old male, who sustained an industrial injury on 6/15/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region. Treatment to date has included surgical (lumbar spine on 4/10/2012) and conservative measures. A [REDACTED] Restoration Program Discharge Summary, dated 10/10/2013, was submitted, noting the beginning treatment on 8/12/2013. Diagnostic testing results were not noted. Progress reports, dated prior to the start of the Functional Restoration Program documentation submitted, were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS unspecified): [REDACTED] **Restoration Aftercare Program:**
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration program) Page(s): 31-32.

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

Decision rationale: This patient has a date of injury of 06/15/11 and presents with chronic low back pain and major depression. The current request is for RETRO (DOS UNSPECIFIED) [REDACTED] RESTORATION AFTERCARE PROGRAM.

The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) 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 patient has participated and completed a 6-week functional restoration program on 09/20/13. On 10/10/13 request was made for patient to participate in an aftercare program to "provide input and guidance to patients" so they can continue with gains made during the program." In this case, the patient has already completed a 6-week program. MTUS does not provide for an extended program following a full course of functional restoration. Continued monitoring of the patient's progress should be carried out by the patient's primary treating physician via regular visitations. In addition, it is unclear why the patient would not be able to apply what he has learned within the 6-week program after discharge. This request IS NOT medically necessary.