

Case Number:	CM15-0043413		
Date Assigned:	03/13/2015	Date of Injury:	04/26/2011
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management

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 43 year old male who sustained an industrial injury on 04/26/2011. He states he was standing on a metal 3 step foot stool when the stool collapsed and he fell back, landing on the floor. He experienced immediate pain to his lower back. Treatment to date includes wrist and back supports, physical therapy, MRI, chiropractic treatments, lumbar epidural steroid injection and medications. He presents on 01/05/2015 with "flare ups" in his lower back with attempts to increase activity level. Physical exam revealed tenderness to palpation with mild limitation of motion of the thoracic spine. There was pain with lumbar flexion and extension. Diagnoses included chronic thoracolumbar spine strain, chronic lumbar radicular syndrome and chronic lumbar disc protrusion at lumbar 5 - sacral 1. The provider requested authorization for a trial of six functional therapy visits for lumbar spine noting this was first requested 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for functional restoration, it appears that this is a request for physical medicine/therapy sessions rather than a formal functional restoration/chronic pain program. Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested functional restoration is not medically necessary.