

Case Number:	CM15-0054788		
Date Assigned:	03/26/2015	Date of Injury:	10/09/1999
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 62-year-old male sustained an industrial injury to the back on 10/9/99. The injured worker attended a six-week functional restoration program in 2013. In a progress note dated 9/18/13, the physical therapist noted that the injured worker was provided a comprehensive home exercise program focusing on strengthening. In the discharge summary dated 9/19/13, the physician noted that the injured worker's function improved with an improved tolerance for sitting and walking. The physician noted that he was compliant with all aspects of treatment and overall improved his ability to cope with his chronic pain as well as his tolerance for increasing activity levels. The injured worker continued to require Opana ER and Celebrex. Diagnoses included chronic low back pain due to lumbar spondylosis, right sacroiliac joint arthropathy, chronic pain syndrome and myofascial pain in the neck and upper back. No recommendations for further treatment were noted, as the request includes retrospective treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: XXXXXXXXXX **Functional Restoration program x 2 sessions aftercare:**
Upheld

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

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

Decision rationale: MTUS states that functional restoration programs (FRPs) are recommended but appropriate inclusion criteria are still being established. MTUS states long-term evidence suggests that the benefit of these programs diminishes over time and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical documentation indicates that two aftercare sessions were completed after the FRP. There is no documentation of subjective or objective improvement during the program, and no notes from the FRP are available for review. It is unclear how many sessions were initially completed. Documentation from the aftercare sessions is limited, appearing to consist of group therapy provided by a psychological assistant. There is no indication for why extended sessions were necessary or what the specific goals were. Therefore, the retrospective request for FRP after care x2 sessions is not medically necessary.