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| <b>Case Number:</b>   | CM15-0058679 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 09/06/2012 |
| <b>Decision Date:</b> | 05/04/2015   | <b>UR Denial Date:</b>       | 03/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2015 |

### 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: 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 50 year old male, who sustained an industrial injury on 9/6/2012. He reported gradual onset of low back and right lower extremity pain. Diagnoses have included lumbar disc displacement without myelopathy, depression and sciatica. Treatment to date has included physical therapy, chiropractic treatment, medication and lumbar epidural steroid injection. According to the progress note dated 2/26/2015, the injured worker complained of an increase in lower back pain with radicular symptoms into his right lower extremity. He also complained of cramping in his right calf. He recently completed a functional restoration program. Physical exam revealed an antalgic gait. Exam of the lumbar spine revealed spasm and guarding. A physical therapy progress report dated September 18, 2014 states that the patient is compliant with a home exercise program, is able to move around better and able to do activities of daily living with ease. Notes identify functional improvement. Authorization was requested for an aftercare program times six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aftercare program x 6 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs).

**Decision rationale:** Regarding the request for aftercare, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to be significantly improved and using a home exercise program. It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. In the absence of such documentation, the currently requested aftercare is not medically necessary.