

Case Number:	CM15-0088227		
Date Assigned:	05/12/2015	Date of Injury:	08/20/2014
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Family Practice

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 45 year old female, who sustained an industrial injury on 08/20/2014. She reported slipping and falling causing her to land on her back and left hip with subsequent pain to the low back that radiated to the bilateral lower extremities with tingling, numbness, and weakness. The injured worker was diagnosed as having lumbar disc with radiculitis, degeneration of the lumbar disc, low back pain, sacral/sacroiliac disorder, and thoracic pain. Treatment and diagnostic studies to date has included medication regimen, x-rays of the lumbar spine, magnetic resonance imaging of the thoracic and lumbar spine, five week functional restoration program, six sessions of physical therapy, eight sessions of acupuncture, a lumbar epidural steroid injection, a sacroiliac injection, and use of a spine brace. In a progress note dated 04/23/2015 the treating physician reports complaints of burning pain to the low back, with an antalgic gait, and limited lumbar range of motion. The treating physician requested a functional restoration program noting that the injured worker has done well in her current program. The treating physician also notes that the injured worker's exacerbations have improved with the injured worker continuing with full participation of the current program. The injured worker is also noted to have reached high levels of functional and psychological progress with this functional restoration program. The treating physician has listed under her goals to start planning a return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued functional restoration program for 10 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: Per the MTUS guidelines with regards to functional restoration programs, total treatment duration should generally not exceed 20 full-day sessions. In this case, the injured worker has been approved 20 days of a functional restoration program in which weaning of hydrocodone has been accomplished and objective functional gains have been made. The request for an additional 10 sessions exceeds the recommended amount of sessions per the MTUS guidelines. In addition, by now the injured worker should be able to maintain gains made and to address any remaining deficits independently with a home exercise program. The request for continued functional restoration program for 10 days is not medically necessary and appropriate.