

Case Number:	CM14-0122393		
Date Assigned:	09/16/2014	Date of Injury:	04/16/2012
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male who was injured on April 16, 2012. The diagnoses listed as lumbar disc displacement (722.10), lumb/sac disc degeneration (722.52), dysthymic disorder (300.4)The most recent progress note dated 7/18/14, reveals complaints of experiencing an increase in his back pain symptoms secondary to increases in rehabilitative exercise. Prior treatment includes medications, physical therapy, and pain management. A prior utilization review determination dated 7/25/14, resulted in denial of functional restoration program six hours a day for five days a week for two weeks, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program six hours a day for five days a week for two weeks, Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Chronic Pain, Chronic Pain Programs, Functional Restoration Programs

Decision rationale: The medical records delineate a clear cut plan and objectives along with previously failed methods and evaluation by a surgeon stating the patient is not a surgical candidate as recommended in the ODG Guidelines. ODG states that literature review has shown that, studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as demonstrated by subjective and objective gains. Therefore medical necessity has been established.