

Case Number:	CM14-0087824		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2009
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational Medicine and is licensed to practice in California. 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 17, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; unspecified amounts of acupuncture; and unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for 12 functional restoration visits. The claims administrator chose to interpret these functional restoration visits as physical medicine treatments/physical therapy treatment. The injured worker's attorney subsequently appealed. In a January 13, 2014 progress note, the injured worker reported persistent complaints of low back pain. It was suggested that the injured worker was working at the [REDACTED] [REDACTED] as a word processor grade I. The injured worker was using Motrin for pain relief. The injured worker had undergone spine surgery in 2009. The injured worker was returned to light duty work, it was suggested (but not clearly stated). In another section of the report, however, it was suggested that the injured worker was, in fact, working. Twelve sessions of acupuncture were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of functional restoration program or chronic pain program is evidence that "previous methods of treating chronic pain have been unsuccessful" and there is an absence of other options likely to result in significant clinical improvement. In this case, however, the injured worker has responded favorably to earlier treatment, including earlier spine surgery and earlier physical therapy, as evinced by her reportedly successful return to modified duty work. The injured worker was, furthermore, receiving other treatments, including acupuncture, which was seemingly likely to generate further improvement. Thus, it was not indicated that the injured worker was a good candidate for the program in question as the injured worker had already responded favorably to other treatments and was, furthermore, receiving other treatments likely to generate further improvement. Therefore, the request for functional restoration twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.