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| Case Number: | CM14-0089125 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 09/02/2013 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a transcutaneous electrical nerve stimulation (TENS) unit; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report dated June 6, 2014, the claims administrator apparently conditionally certified/partially certified a four-week functional restoration program as a two-week functional restoration program trial. The applicant's attorney subsequently appealed. In a December 20, 2013 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg, 7 to 8/10. The applicant was described as significantly obese. The applicant was on Ultram, Neurontin, Flexeril, Naprosyn, and Norco, it was stated. A trial chiropractic manipulative therapy was endorsed. The applicant was described as having had an essentially normal lumbar MRI. On March 15, 2014, the applicant was given work restrictions. It was unclear whether the applicant was working or not, although it was unclear whether the applicant's employer was accommodating the limitations or not. Additional manipulative therapy, tramadol, Naprosyn, and Flexeril were endorsed. In a physical therapy evaluation of May 22, 2014, it was stated that the applicant was no longer working as a youth counselor owing to the fact that modified duty was unavailable. The applicant stated that she was uncertain whether she still had a job to return to. The applicant did state that she wanted to go back to work. The applicant had last worked on date of the injury, September 2, 2013. The applicant had a history of a previously contested workers' compensation claim, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Monday thru Friday 8:30 to 4:00 For Four Weeks:

Upheld

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

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, treatment via a chronic pain program or functional restoration program is "not suggested for longer than two weeks" without evidence of demonstrated efficacy. In this case, the attending provider seemingly sought authorization for a four-week functional restoration program without any provision to reevaluate the applicant midway through the course to ensure that the applicant was responding favorably to the same. This was not indicated. Therefore, the request is not medically necessary.