MAXIMUS Federal Services

Case Number:	CM14-0219358		
Date Assigned:	01/09/2015	Date of Injury:	09/22/2011
Decision Date:	03/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Utah, Arkansas
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 64 year old female who sustained an industrial injury on 09/22/1. She reports back pain radiating from the low back down both legs. Diagnosis includes lumbar radiculopathy. Treatments to date include chiropractic treatments, conservative treatment, physical therapy, TENS unit, lumbar ESI, lumbar fusion surgeries at L4-S1, lumbar decompression and noninstrumental fusion surgeries. In the progress note dated 11/06/14, the treating provider reports range of motion is limited with flexion and extension. She reports excellent relief status post bilateral L5 and left S1 thoracic ESI on 10/29/14 and is able to walk her dog. Pain is noted to be decreased by 70%. On 12/05/14 Utilization Review non-certified 10 initial evaluation sessions of functional restoration program, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 10 sessions of functional restoration program from January 5th to January 26th 2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. The clinical records show documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is indicated as a medical necessity to the patient at this time.