MAXIMUS Federal Services

Case Number:	CM14-0081560		
Date Assigned:	07/23/2014	Date of Injury:	03/14/2003
Decision Date:	06/02/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, who sustained an industrial injury on 3/14/03. He reported a low and mid back injury. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included cervical spine surgery, lumbar spine surgery, oral medications including opioids, topical medications, physical therapy and activity restrictions. Currently, the injured worker complains of continued low back pain with radiation to bilateral lower extremities, associated with numbness in legs and feet and pain in upper back due to incision not haling properly with numbness and tingling to left upper extremities and weakness. Physical exam noted well-healed scar of lower thoracic spine, restricted lumbar range of motion, lumbar scar, guarding and severe tenderness to palpation over the bilateral lumbar paraspinal muscles with positive lumbar facet loading maneuvers bilaterally and diminished sensation in bilateral L5-S1 dermatomes of lower extremities. The treatment plan included outpatient medication detoxification, prescriptions for oral and topical medications and a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (12 additional days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-34.

Decision rationale: Within the medical information available for review, there is indication that the patient has already completed many hours of a functional restoration program. The California Medical Treatment Utilization Schedule specify the following regarding duration of FRPs: Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Furthermore, continuation of this program requires functional gains and achievement of short-term goals that were initially established. The patient has made limited functional gain along the metrics ability to perform work with reduced restrictions or wean narcotic pain medication. Given that a three-week course of FRP has already transpired, additional sessions of a FRP are not warranted. The current request is not medically necessary.