MAXIMUS Federal Services

Case Number:	CM15-0109164		
Date Assigned:	06/15/2015	Date of Injury:	08/10/2008
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 8/10/2008 due to repetitive stress. Evaluations include lumbar spine MRI dated 9/22/2014, electromyogram of the bilateral lower extremities dated 8/29/2014, electromyograms of the bilateral upper extremities dated 3/28/2013 and 9/8/2011, cervical spine MRI dated 3/18/2013, cervical spine x-rays dated 8/12/2011. Diagnoses include neck pain, sciatica, and lumbar sprain/strain. Treatment has included oral and topical medications, physical therapy, acupuncture, chiropractic treatment, and functional restoration program. Physician notes dated 5/11/2015 show complaints of neck and back pain, sciatica, ad bilateral upper extremity pain. Recommendations include three month gym membership so that she may continue the exercises learned in the functional rehabilitation program on her own, Lidoderm patch, Pantoprazole, Norco, Topiramate, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California functional restoration aftercare program six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

Decision rationale: As per MTUS Chronic pain guidelines, functional restoration programs have utility under certain circumstances. Patient has completed a course of FRP and has shown subjective and objective improvement in pain and function and is back to work. Patient has reportedly completed a 6week course of FRP and requesting more sessions to aid in adjusting and coping back at work. Guidelines do not recommend more than 20 full day sessions unless there is specific rationale or reason. Documentation states that patient is coping well and is improving. Pt is reportedly performing home exercise and using less opioids. Utilization review has approved 2 more sessions. Additional sessions exceed guideline recommendation and is not medically necessary.