

Case Number:	CM15-0116759		
Date Assigned:	06/25/2015	Date of Injury:	02/08/2010
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 25 year old male sustained an industrial injury on 2/08/10. He subsequently reported low and mid back pain. Diagnoses include lumbar/lumbosacral disc degeneration, depressive disorder and anxiety disorder. Treatments to date include x-ray and MRI testing, acupuncture, chiropractic care, physical therapy, TENS therapy, activity modification and prescription pain medications. The injured worker continues to experience lumbar and thoracic spine pain. Upon examination, the injured worker sits leaning backwards with bilateral arm support on table. He also demonstrates a flat spine throughout thoracic and lumbar region and sites with increased lumbar flexion. During squatting activities patient demonstrates increased quad-dominant strategy. A request for Functional restoration program for 160 hours was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 160 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time." Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program consisting of 160 hours without providing any interim evidence of progress. The previous reviewer had modified the request to the 20 sessions that guidelines allow for. As such, the request for Functional restoration program for 160 hours is not medically necessary.