

Case Number:	CM15-0173718		
Date Assigned:	09/24/2015	Date of Injury:	04/16/2013
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a(n) 64 year old female, who sustained an industrial injury on 4-16-13. The injured worker was diagnosed as having axial low back pain secondary to an L1 compression deformity greater than 50% with a small amount of retropulsion in the central canal. The physical exam (11-13-14 through 4-9-15) revealed palpable tenderness in the lumbar paraspinals, good strength in the lower extremities and intact sensation. Treatment to date has included a TENS unit, physical therapy, chiropractic treatments, psychological treatments x 6 sessions, Ibuprofen and Norco. As of the supplemental report dated 8-24-15, the treating physician noted that the injured worker was only able to lift and carry 2lbs at the start of her functional restoration program and is now able to lift and carry 20lbs. Also, her Beck Depression Inventory decreased from 33 to 13 and her fear of movement and re-injury has "significantly" decreased. The treating physician requested a functional restoration program for the low back x 1 week. The Utilization Review dated 9-3-15, modified the request for a functional restoration program for the low back x 1 week to a functional restoration program for the low back x 1 week (5 days per week 8 hours per day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for low back, Qty 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: As per MTUS chronic pain guidelines, Functional Restoration Programs are recommended under certain criteria. This review is the final 6th weeks of FRP. Patient has had documented objective improvement in functional status. Provider has documented that that the final week being requested is a half day and not a full day program. UR approved the final week with specific modification of hours to a half-day program. Guidelines recommend total treatment duration should generally not exceed 20 full-day sessions. There is obvious objective improvement. Final 1 week of part day program is medically necessary and I agree with modification done by UR. This specific request for "1 week" of Functional Restoration Program is not appropriate as it is an open ended request that could be misconstrued as approval for 1 week of full day sessions, which would exceed guideline recommendations. Current request is not medically necessary only due to lack of specificity of request.