

Case Number:	CM15-0175137		
Date Assigned:	09/16/2015	Date of Injury:	02/04/2014
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old female, who sustained an industrial injury on 02-04-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypotension, high cholesterol, migraines, chronic low back pain with radicular symptoms, anxiety and depression. Medical records (02-17-2015 to 06-09-2015) indicate ongoing constant radiating low back pain which was briefly improved after lumbar epidural steroid injections. Pain was reported to be worse with prolonged sitting and repetitive flexion, and improved with stretching and medications. Relevant treatments have included at least 18 sessions of chiropractic treatments, physical therapy (PT), epidural steroid injections, work restrictions, and medications. Prior to the functional restoration program (FRP) initiation (05-28-2015), records indicated no improvement in activities of daily living. Prior to the initiation of the FRP, the injured worker was temporarily totally disabled. The FRP notes, dated 07-17-2015 and 07-24-2015, indicated that the IW had completed 3 weeks of the FRP with mild but progressing improvement in the flare-up of right shoulder blade pain and denied any exacerbation of back symptoms. The injured worker did report continued, but improved, low back pain and right lower extremity radicular symptoms after about 3 minutes of walking. Overall, the IW reported feeling stronger and in more control of managing her chronic pain symptoms, better understanding of proper body mechanics. There was improved flexibility and range of motion (ROM) in the low back and hips with decreased pain, improved core strength, improved tenderness upon palpation, and improved strength and endurance. The FRP reports that the IW had become more independent and self-directed with exercises and required less cueing for proper performance. There was also noted

improvement in ability to participate in activities of daily living and recreational activities. The treatment plan was to continue with education, focus on breathing with functional movements, additional training in proper posture and maintaining spinal neutral alignment during functional activities and exercise, progression of static and dynamic exercises for the upper body and lower extremities, and continued core strengthening and flexibility. The request for authorization (08-10-2015) shows that the following service was requested: functional restoration program (27 hours per week for 3 weeks) quantity 81 hours. The original utilization review (08-14-2015) denied the request for functional restoration program (27 hours per week for 3 weeks) quantity 81 hours based on the absence of information to verify progress after 07-24-2015 nor what level of function the IW needs to perform at.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 27 hours weekly quantity 81: 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): Chronic pain programs (functional restoration programs).

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 the patient has had an initial trial of a functional restoration program. Treatment notes do not clearly explain the rationale for continuing the treatment program consisting of 81 additional hours without providing any interim evidence of progress. The notes fail to demonstrate objective gains or rationale for the extension or goals for continued sessions. As such, the request for Functional restoration program, 27 hours weekly quantity 81 is not medically necessary.