

Case Number:	CM15-0176231		
Date Assigned:	09/17/2015	Date of Injury:	07/19/2013
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

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 36-year-old female, who sustained an industrial injury on July 19, 2013. She reported an injury to her low back, left hip and left knee and has not returned to work. The injured worker was evaluated on April 10, 2015 for a HELP program. She rated her pain a 9 on a 10-point scale and noted that her pain was present 90-100% of the time. On physical examination the injured worker demonstrated relatively normal mechanics with sitting to standing and standing to walking movement. She exhibited an antalgic gait favoring the right leg due to increased left leg pain. She had difficulty performing toe and heel walking due to pain with increased levels of pain and fear avoidance similarly limiting her ability to perform a deep knee bend or forward flexion at the thoracolumbar region. She had generalized tenderness to palpation from the cervical paraspinous through the thoracic region and into the lumbar regions with the tenderness greater on the left than the right. Her neurological examination was within normal limits. The injured worker exhibited give way weakness at approximately 4-5 in the hip flexors, extensor and knee flexors and extensors due to fear of pain in the low back and left leg. The injured worker began participation in the functional restoration program on July 13, 2015. A summary report of her progress for August 17, 2015 through August 21, 2015 revealed she had completed twenty-eight days of participation. The evaluating provider noted that the injured worker continued to do well. She learned how to better approach speaking with her doctors and how to get the most out of her doctor visits. She learned about the workers' compensations system and obtaining workers' compensation benefits. She learned about workers' compensation terminology. From a psychological perspective she participated well in groups and was able to

learn strategies to communicate more effectively her needs. She learned to interact more positively and constructively with others. She increased her functional tolerances such as walking, lifting, carrying, sitting, pushing and pulling. She met her standing tolerance at 50 minutes. She continued to need cues to be safe with exercise and needs further time to develop independence to safely perform her exercise program and implement her home pain management. She needs more work on core and hip stability training and progression of gluteal and piriformis management techniques. The injured worker was diagnosed as having low back pain and post laminectomy syndrome of the lumbar region. Treatment to date has included functional restoration program started on July 13, 2015, physical therapy, TENS unit, home exercise program, NSAIDS, ice therapy and opioid medications. A request for authorization for an additional 50 hours (10 days) in the HELP [REDACTED] Program was received on August 25, 2015. On August 27, 2015, the Utilization Review physician determined that an additional 50 hours (10 days) in the HELP [REDACTED] Program was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP [REDACTED] program, 10 days: 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: The claimant sustained a work injury in June 2013 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. She is participating in a functional restoration program with completion of 28 days of treatment at 5 hours per day (140 hours). She is participating in all aspects of the program with improved functional tolerances for standing and walking. An additional 10 days (50 hours) is being requested. In terms of Functional Restoration Programs, guidelines indicate that the total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant has not completed the recommended total treatments allowed. The number of additional hours being requested is in excess of the guideline recommendation. Without a reassessment of her condition as required after completion of the allowed treatments, requesting additional treatment is not appropriate or medically necessary.