

Case Number:	CM15-0026833		
Date Assigned:	02/19/2015	Date of Injury:	07/27/2013
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 28 year old male, who sustained an industrial injury on 7/27/2013. He has reported a low back strain. Magnetic Resonance Imaging (MRI) from 6/2013 significant for central disc extrusion and annular fissure with bilateral foraminal stenosis. The diagnoses have included lumbar disc displacement without myelopathy and sciatica. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy and home exercise and epidural steroid injection. Currently, the IW complains of low back pain with radiation to left lower extremity. Physical examination from 2/13/15 documented no acute findings. The plan of care included a surgical consultation and medication therapy. On 1/13/2015 Utilization Review non-certified AfterCare x six (6) visits/functional restoration program, noting the documentation did not support the medical necessity above the initiated home exercise program. The ODG Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of an additional AfterCare x six (6) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aftercare for 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: According to the 12/19/2014 report, this patient has successfully completed the sixth week of the [REDACTED] Functional Restoration Program, participating appropriately and demonstrating benefit. The current request is for aftercare for 6 visits to bridge the transition from [REDACTED] FRP's Intensive daily program to the stage following completion of the program. The request for authorization and patient's work status was not mentioned in the provided reports. Regarding functional restoration programs, MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. In reviewing of the provided reports show that the patient has completed the authorized 6 weeks of FRP treatment. While MTUS supports functional restoration programs, the patient must have a proper evaluation to determine their candidacy and no more than 20 full-day sessions are recommended in most cases. In this case, the requested aftercares for 6 visits exceed what MTUS recommends. Therefore, the current request IS NOT medically necessary.