

Case Number:	CM15-0063520		
Date Assigned:	04/09/2015	Date of Injury:	09/10/2013
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 41-year-old male, who sustained an industrial injury on 9/10/2013. He reported low back pain. Diagnoses have included degeneration of lumbosacral intervertebral disc and psychophysiologic disorder. Treatment to date has included medication. According to the progress report dated 1/14/2015, the injured worker complained of right sided low back pain rated 6/10. He also complained of right lower extremity weakness and interference with sleep. The injured worker appeared anxious and depressed. Gait was antalgic, favoring the right. The Functional Restoration Program summary report dated 3/10/2015, noted that the injured worker was in the fifth week of the program. He reported subjective gains from the program. The injured worker's activity tolerance was increasing. Authorization was requested for two additional weeks (10 days/60 hours) of a Functional Restoration Program to include up to 20 hours of patient education, 18 hours of therapeutic exercise and 18 hours of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 additional weeks (10 days/60 hours) of a functional restoration program to include up to 20 hours of patient education, 18 hours of therapeutic exercise and 19 hours of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS cites that total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Within the medical information available for review, it appears that the patient had completed at least 4 weeks of treatment at 30 hours per week (total of 120 hours) with some improvement. However, as the CA MTUS recommends no more than 20 full-day sessions (equivalent to 160 hours), the current request would exceed the amount of hours recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested functional restoration program is not medically necessary.