

Case Number:	CM15-0068781		
Date Assigned:	04/16/2015	Date of Injury:	03/12/2008
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 03/12/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain due to trauma, lumbosacral spondylosis without myelopathy, and lumbar or lumbosacral disc degeneration. Treatment to date has included laboratory studies, medication regimen, use of ice, use of heat, massage, status post lumbar surgery, and use of brace. In a progress note dated 01/26/2015 the treating physician reports complaints of ongoing constant, sharp, burning, aching, and throbbing pain to the low back that is rated seven on a scale of zero to ten. On 02/28/2015, the treating physician requested functional restoration program times five sessions for the dates of 09/20/2012, 9/25/2012, 9/27/2012, 10/02/2012, and 10/04/2012, but the documentation provided did not indicate the specific reason for this requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x5 sessions for DOS: 9/20/2012, 9/25/2012, 9/27/2012, 10/2/2012 and 10/4/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker sustained a work related injury on 03/12/2008. The medical records provided indicate the diagnosis of chronic pain due to trauma, lumbosacral spondylosis without myelopathy, and lumbar or lumbosacral disc degeneration. Treatment to date has included laboratory studies, medication regimen, use of ice, use of heat, massage, status post lumbar surgery, and use of brace. The medical records provided for review do not indicate a medical necessity for Functional restoration program x5 sessions for DOS: 9/20/2012, 9/25/2012, 9/27/2012, 10/2/2012 and 10/4/2012. The records indicate she had completed two weeks of functional restoration program with little improvement, but she was given an extended treatment beyond the two weeks. The request is to determine whether the extended treatment was necessary. The MTUS recommends against longer than 2 weeks of functional restoration program without evidence of demonstrated efficacy documented by subjective and objective gains. Furthermore, the injured worker had negative predictors of success like long duration of pre-referral disability time. The request IS NOT medically necessary.