MAXIMUS Federal Services

Case Number:	CM15-0077334		
Date Assigned:	04/28/2015	Date of Injury:	04/26/2011
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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 43-year-old male, who sustained an industrial injury on 04/26/2011. 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 thoracolumbar spine strain, chronic lumbar radicular syndrome, and chronic lumbar disc protrusion at lumbar five to sacral one. Treatment to date has included functional restoration program, lumbar epidural injection, and medication regimen. In a progress note dated 03/18/2015 the treating physician reports complaints of exacerbations of lower back pain with activity increase, along with tenderness on palpation to the upper, mid, and lower paravertebral muscles with mildly limited range of motion. The treating physician requested continuation of functional restoration program two times a week for six weeks to the lumbar spine, but the documentation provided did not indicate the 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:

Continue functional restoration 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34 and 49.

Decision rationale: Within the medical information available for review, there is indication that the patient has already completed many hours of a functional restoration program. The California Medical Treatment Utilization Schedule specify the following regarding duration of FRPs: "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). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Within the medical information available for review, the patient had 6 sessions of functional restoration program to this date without clear indication it has made any functional gain along the metrics of mood, pain disability, and sleep. The provider has ordered continuation of functional restoration program for 12 additional sessions on 3/18/2015 without providing a clear rationale for continuation. As such, the current request is not medically necessary.