

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/26/2008. The patient is a 41-year-old man who injured his low back when lifting heavy files. The patient has ongoing chronic pain status post two lumbar discectomy surgeries and invasive pain management including epidural injections. A request has been made for 28 visits of a functional restoration program.

An initial physician review noted that the patient's treating physician has requested a 30-day functional restoration program, of which 2 days were approved, but the remaining 28 were under review for medical necessity. The initial review noted that the 28 days remaining exceed the maximum treatment of 2 weeks recommended between review of treatment progress. Therefore, the reviewer recommended noncertification of this request.

IMR DECISION(S) AND RATIONALE(S)

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

1. Functional Restoration Program is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs; and the ODG, Pain, Functional restoration programs, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 32, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested treatment is not medically necessary. The Chronic Pain Medical Treatment Guidelines, section on chronic pain management/functional restoration programs, page 32, states, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy

as documented by subjective and objective gains.” The current requested treatment program substantially exceeds this guideline of 2-week intervals for establishing and monitoring goals and progress. Therefore, the treatment guidelines do not support this request for a functional restoration program of 28 days. This request is not medically necessary.

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