

Case Number:	CM14-0146207		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2012
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old female whose date of injury is 12/11/2012. The injured worker attempted to get up from a chair, but her leg was tangled in cords and she fell forward. Treatment to date includes acupuncture, physical therapy, epidural steroid injections and medication management. The injured worker has been authorized for 4 weeks of functional restoration program. Follow up note dated 06/24/14 indicates that there is decreased lumbar range of motion. Strength is rated as 5/5 in the lower extremities. Deep tendon reflexes are 2/2 in the knees and ankles. There is positive straight leg raising test. Diagnoses are lumbosacral disc displacement, lumbosacral disc degenerative disease, and lumbar sprain/strain. Physical examination on 08/22/14 is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final 2 weeks functional restoration program (10 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program.

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

Decision rationale: The injured worker has apparently completed at least 4 weeks of functional restoration program to date. CA MTUS guidelines note 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). 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. There is no clear rationale provided to support exceeding this recommendation. The injured worker's physical examination from June to August is unchanged.