

<b>Case Number:</b>	CM13-0015240		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Occupational 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 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. 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 claimant is a represented former [REDACTED] trucker who has filed a claim for chronic low back pain associated with an industrial injury on February 28, 2013. Thus far, the applicant has been treated with analgesic medications, work restrictions, unspecified amounts of physical therapy, transfer of care to and from various providers in various specialties, extensive periods of time off work, and a lumbar support. A note dated July 3, 2013 noted that the applicant has moderate low back pain. Pain, tenderness, and spasm are appreciated, with limited range of motion noted. The applicant undergoes digital range of motion testing, a function capacity evaluation, and a functional restoration program while remaining off work on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for a functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for pursuit of functional restoration programs include evidence that an adequate precursor evaluation has been completed. In this case, the applicant does not appear to have completed either a precursor physical evaluation or a precursor mental health evaluation. There is an absence of other options likely to result in significant clinical improvement. It appears that the applicant is concurrently pursuing other treatments, including epidural injections, medications, etc., which are likely to affect further improvement. Finally, it does not appear that the applicant is willing to forgo secondary gains, such as disability payments. Pursuit of a functional restoration program in this context is not indicated, as several MTUS criteria have not been met.