

<b>Case Number:</b>	CM13-0018382		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with date of injury 9/11/06. The treating physician report dated 7/10/13 states the patient underwent hardware removal L3 to S1 on 3/18/13 with improving leg pain. The current diagnoses are status post L3 to S1 hardware removal and L3-4 revision fusion and bilateral decompression, 3/18/13 and chronic pain syndrome with deconditioning. The utilization review report dated 8/8/13 denied the request for functional restoration program 5 days per week for 8 weeks based on lack of psychological evaluation/multidisciplinary evaluation to determine if the patient is an appropriate candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Section, Page(s): 30-33 and 49.

**Decision rationale:** The patient presents with a history of chronic low back pain with improving leg pain. The patient is status post L3 to S1 hardware removal. Review of the orthopedic

consultation report dated 7/10/13 states that the patient has been deconditioned for years and has had a very difficult time following her lumbar surgeries. The treating physician goes on to state that the patient has developed a chronic pain syndrome that should be treated shortly with a functional restoration program that the patient would attend 5 days per week for 8 weeks. There is no specific recommendation for the total number of hours per day the patient is to participate in the recommended program. The MTUS guidelines state "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains". The MTUS goes on to state that a continuous course of treatment should not be disrupted, but the program must demonstrate preliminary gains. In this patient, the treating physician has asked for 8 weeks of functional restoration. However, he does not specify how many hours per day, and what the program will entail. While it may be appropriate to allow a consultation to determine the patient's candidacy and for a better delineation of the program, the current request cannot be authorized as requested. MTUS guidelines require documentation of patient's candidacy that includes addressing the negative predictors. The treating physician does not provide any of this information. Furthermore, MTUS recommends 2 weeks duration before considering additional treatments. Recommendation is for denial.