

<b>Case Number:</b>	CM13-0022431		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal 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:

This patient is an injured worker, with a diagnosis of Lumbosacral strain/sprain. Date of injury is 09/17/12. PR-2 primary treating physician's progress report 08-21-2013 by ██████ documented the patient's clinical status. Subjective: She reports continued aching lower back pain of "like a 1/10" that comes and goes. She states that she feels a lot better. She states that the lower back pain used to be "3 or 4/10" without Lodine or using the TENS unit. She is taking Lodine without reported side effects. She states that the back moves more normally and she is able to work with the Lodine and TENS unit. She reports the right hip pain "has decreased dramatically" and she is able to walk a little more and hike trails for about an hour. She states that "my life is improved." She took over-the-counter Tylenol one time for breakthrough pain. She denies pain, numbness, and tingling down the legs. She completed physical therapy last Thursday. She states that physical therapy helped a lot with core strengthening. She is doing home exercises for the right hip and lower back, The patient states that physical therapy taught her how to strengthen her core body and she thinks that is part of the reason why she has improved. She is working regular duty. Objective: Blood pressure 122/80. General: No apparent distress. Back: There is no central lumbar spine tenderness. There is no tenderness along the paravertebral musculature in the lumbar region. There is only slight tenderness in the right sacroiliac joint. There is some decreased range of motion of the back with flexion fingertips to mid tibia and extension 20 degrees. The patient expresses right lower back pain into the right gluteal area with extension. Otherwise, there is good range of motion of the back with flexion of 45 degrees bilateral and lateral rotation 30 degrees bilaterally, Strength in the lower extremities appears to be similar at 5/5 bilaterally. Deep tendon reflexes in the upper extremities appears to be similar at 2+ bilaterally. Straight leg raise test is negative bilaterally. Diagnoses: (1) Lumbosacral strain/sprain (2) posterior disk bulge at L2-L3, L3-L4, and L5-S1 lumbar spine. Treatment plan: Functional

Restoration Program, Continue home exercises for right hip and lower back, Continue Lodine, Regular duty. Utilization review dated 09-09-2013 recommended Non-Certification of the request for functional restoration program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FUNCTIONAL RESTORATION PROGRAM QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 30-32.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 31-32) Chronic pain programs (functional restoration programs) states: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. PR-2 primary treating physician's progress report 08-21-2013 documented the patient's pain level 1/10. She feels better. Lodine, TENS unit, Physical therapy were beneficial. Physical examination demonstrated 5/5 motor strength, normal deep tendon reflexes, negative straight leg raise test. Tenderness and decreased range of motion were mild. Patient was working regular duty. The PR-2 documents that previous methods of treating chronic pain have been successful. The patient does not have significant loss of ability to function independently resulting from the chronic pain. Patient's pain level is low 1/10. Patient does not have loss of ability. Patient is working regular duty. Therefore, clinical guidelines and medical records do not support the medical necessity of functional restoration program. Therefore, the request for functional restoration program is Not medically necessary.