

<b>Case Number:</b>	CM13-0034335		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation; has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 31-year-old female who reported an injury on November 01, 2012 due to a cumulative lifting trauma. The injured worker's treatment history included physical therapy, chiropractic care, a TENS unit, multiple medications, a home exercise program, and four (4) weeks of a functional restoration program. An evaluation after completion of week 4 of the functional restoration program determined that the injured worker had made a significant amount of improvement; however, the injured worker continued to have physical, emotional and vocational functional deficits that would benefit from continuation of a functional restoration program. It was documented that the goal for the two (2) week extension was to return the injured worker to work at maximum function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 2 WEEKS OF FUNCTIONAL RESTORATION FOR THE LOW BACK:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30.

**Decision rationale:** The California MTUS Guidelines recommend that an extension of a functional restoration program be supported by a clear rationale for the specified extension and reasonable goals to be achieved. The clinical documentation does indicate that the injured worker has additional deficits that prevent her from returning to work and the goal for the additional treatment duration is to continue to prepare the injured worker with the ability to return to work at maximum capacity. As reporting mechanisms are generally provided on a bi-weekly basis for this type of treatment plan, a two (2) week extension would not be unreasonable to address the injured worker's remaining deficits. As such, the requested additional two (2) weeks of functional restoration for the low back is medically necessary and appropriate.