

<b>Case Number:</b>	CM13-0037994		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Family Practice 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 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 patient is a 33-year-old male who injured his lower back when he jumped off a steel storage container while wearing SWAT gear weighing over 50 pounds on 03/15/2011. The patient was diagnosed with having a right lumbar radiculopathy, which was verified on an MRI to have a disc herniation at L4-5 and L5-S1, right paracentral at L5-S1. He had complaints of low back pain radiating down is right leg, with numbness and tingling to his feet mostly seen at night. According to the documentation dated 10/07/2013, the patient has completed 12 sessions of physical therapy with some benefit noted. He also went through a trial of chiropractic and acupuncture treatments on his own with some further benefit. The patient reports anxiety and depression related to his pain condition and resulting disability. At the time of this documentation, the patient was currently not working. The physician is now requesting an initial evaluation at the [REDACTED] 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

**Decision rationale:** Under California MTUS, it states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. This type of treatment includes the category of interdisciplinary pain programs and emphasizes the importance of function over the elimination of pain. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Pertaining to this patient, an initial evaluation with a functional restoration program would be considered appropriate in order to help improve his functional capabilities. Therefore, the requested initial evaluation at the [REDACTED] Functional Restoration Program is considered medically appropriate and is certified.