

<b>Case Number:</b>	CM13-0039964		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/13/2007
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & Emergency Medicine and is licensed to practice in Florida. 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 a 50 year-old with a date of injury of 10/13/07. A functional restoration program (FRP) team conference as of 09/13/13 identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine. Diagnoses included lumbosacral neuritis; postlaminectomy syndrome; myospasm; depression; and opioid dependence. Treatment has included a functional restoration program for 4 weeks (August - September). The note states that there have been functional improvements. The patient takes oral opioids, muscle relaxants, and anti-seizure agents. She has had previous lumbar surgery. A Utilization Review determination was rendered on 09/24/13 recommending non-certification of Final Determination Letter for IMR Case Number CM13-0039964 3 "additional 20-days of a functional restoration program for the lumbar spine". This was modified to 10-days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 20-DAYS OF A FUNCTIONAL RESTORATION PROGRAM FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION PROGRAM Page(s): 49.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that functional restoration programs (FRP) are recommended. However, research is still ongoing as to how to screen for inclusion into these programs. The programs are interdisciplinary with an emphasis on function over elimination of pain. There is evidence that FRPs reduce pain and improve function in patients with low back pain. There is little evidence for biopsychosocial rehabilitation with neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Total treatment duration should generally not exceed 20 full-day sessions. Treatment in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the record does not document the specific rationale for the extension and specific goals to be achieved. Therefore, the request for an additional 20 days of the functional restoration program are not medically necessary and appropriate.