

<b>Case Number:</b>	CM13-0041004		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of March 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a lumbar support; psychotropic medications; a TENS unit; and apparent initial participation in a functional restoration program. In a utilization review report of October 14, 2013, the claims administrator partially certified a request for 160 hours of functional restoration program for the lumbar spine as an initial two-week 80-hour course for the same. The applicant's attorney subsequently appealed. In an October 1, 2013 multidisciplinary evaluation report, the applicant is described as a single mother of a 6-year-old daughter. The applicant is working regular duty. She has to commute a great distance, from [REDACTED]. It is stated that the applicant is independent with cooking, shopping, cleaning, grooming, bathing, dressing, driving, and walking. It is stated that some of the goals of the functional restoration program are to increase the applicant's care of her daughter, loss of weight, and return to physical activities such as being independent in the gym.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) 160 hrs: 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 Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of chronic pain program or functional restoration program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. An applicant should also have a significant loss of ability to function independently resulting from chronic pain. In this case, however, there is no significant loss of function. The patient has already returned to regular duty work. The patient is independently ambulatory and is able to commute a lengthy amount of time to and from work. The patient does not have any significant loss of ability to function. There is no absence of other options likely to result in significant levels of clinical improvement. The functional restoration program is not indicated, for all of the stated reasons. It is further noted that the 160-hour course of treatment being proposed here does represent treatment in excess of MTUS parameters. The MTUS states that treatment is not suggested for longer than two weeks without evidence of subjective and objective gains. In this case, the request does not conform to MTUS guidelines. The request for a Functional Restoration Program (FRP), 160hrs, for the lumbar spine is not medically necessary and appropriate.