

<b>Case Number:</b>	CM13-0041373		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	12/11/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and 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 44-year-old female who reported injury on 08/13/2012. The mechanism of injury was stated to be the patient was hit by a forklift. The patient was noted to have participated in physical therapy. The physician indicated the patient should have participation in a functional restoration program as the patient was not a surgical candidate and was unable to return to work. The patient's diagnoses were noted include radiculopathy of the lumbar spine and a sprain/strain of the lumbar spine and spondylosis of the lumbar spine. A request was made for a functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program Evaluation:** 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): 32.

**Decision rationale:** California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; 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; the patient has significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to provide the patient had an adequate and thorough evaluation that had been made including baseline functional testing. It was noted the patient was not a candidate for surgery. Given the above and the lack of documentation, the request for a functional restoration program evaluation is not medically necessary.