

<b>Case Number:</b>	CM13-0048085		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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 is a 47-year-old male with a 8/18/08 date of injury, when he fell from the top of a truck. The patient was seen on 1/13/14 with complaints of feeling "bad", tired and irritable. Exam findings revealed spasm and tenderness of the lumbar paraspinals, positive left FABER test and tenderness over the left sacroiliac joint. The note stated that Zanaflex reduced the patient's pain and improved his function. The UR appeal decision dated 11/4/13 certified 12 part-day sessions of FRP for the patient. The diagnosis is chronic pain syndrome, unspecified backache, sacroiliac sprain, depressive disorder and insomnia. Treatment to date: FRP, home exercise program, work restrictions, trigger point injections. An adverse determination was received on 10/15/13 given that there was a lack of documentation indicating how many hours were requested per each session and it was no documentation indicating that the patient was not a surgery candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) part-day sessions of interdisciplinary functional restoration (track 11) program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 31-32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. However the UR appeal decision dated 11/4/13 certified 12 part-day sessions of FRP for the patient. There is a lack of documentation indicating the patient underwent the additional 12 sessions of the treatment and there is no rationale with regards to the necessity for additional 12 sessions of FRP. Therefore, the request for 12 part-day sessions of interdisciplinary functional restoration (track 11) program was not medically necessary.