

<b>Case Number:</b>	CM13-0050442		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old female with a date of injury of 02/20/2013. The listed diagnoses per [REDACTED] are internal derangement, left foot, status post plantar fascia surgery x3, healed with residuals, arthralgia, left ankle, internal derangement, left knee and lumbar spondylosis with lumbar disc herniation L5-S1 with bilateral radiculopathy. According to report dated 10/30/2013 by [REDACTED], the patient is status post left foot surgery 2007, 2010 and 2011. The patient is also under the care of [REDACTED], who recommends ongoing psychiatric treatment. The patient recently saw orthopedic surgeon, [REDACTED], for the knee. He did not recommend surgical treatment for the knee. The patient presents with continued complaints of low back, left knee, left foot and right lower extremity pain. In regards to her lumbar spine and lower extremity, the provider discussed treatment options with the patient which included a fusion at L5-S1, lumbar epidural steroid injection, or a functional restoration program. The patient requests to proceed with treatment in a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN FUNCTIONAL RESTORATION PROGRAM BETWEEN 11/5/2013 AND 1/4/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 49

**Decision rationale:** This patient presents with continued complaints of low back, left knee, left foot and right lower extremity pain. The provider is requesting an initial evaluation for a functional restoration program. The utilization review dated 11/08/2013 denied the request citing lack of lower levels of care, especially for the lower spine. The California MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including adequate and thorough evaluation has been made, previous methods of treating chronic pain have been unsuccessful, significant loss of ability to function independently resulting from the chronic pain; not a candidate for surgery or other treatments would clearly be the patient exhibits motivation to change or negative predictors of success above have been addressed. In this case, the provider is requesting an evaluation for a functional restoration. However, California MTUS requires that patients not be a candidate for surgery or other treatments. A report from 10/30/2013 documents, the provider and patient is still contemplating a fusion, ESI vs. participation in a FRP. The patient does have disc herniation with radiculopathy. The evaluation for FRP should wait until all treatment options have been considered. Recommendation is for denial.