

<b>Case Number:</b>	CM13-0050933		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/30/2013
<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 & 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:

This patient is a 43-year-old female, date of injury 08/23/2012. Per treating physician's report 10/08/2013, listed diagnoses are lumbar spondylosis, myofascial disease, depression, and fear based avoidance of activity. The mechanism of injury was that of repetitive lifting and carrying, and under assessment, it states, "She has been able to continue working but requires modifications to her job." It further states that the patient exhibits motivation to change and, after evaluation by the multidisciplinary team, felt to be a good candidate for Functional Restoration Program. The request was for 6 weeks a part a day treatment at HELP, equating to 4 full weeks per CPMTG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A HELP INTERDISCIPLINARY PAIN REHAB PROGRAM (4 DAYS/WEEK, FOR SIX WEEKS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS)/CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) P. Decision based on Non-MTUS Citation

MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , FUNCTIONAL RESTORATION PROGRAMS (FRPS)/CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 49/30-33

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain along with depression and fear based avoidance of activity. There is a request for 4 days per week for 6 weeks of HELP interdisciplinary pain rehabilitation program. MTUS Guidelines does support Functional Restoration Program but "total treatment duration should generally exceed 20 full-day sessions." Treatment duration in excess of 20 sessions should require a clear rationale for specified extension and reasonable goals to be achieved. It further states, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, the request is for equivalent 4-week treatment. MTUS Guidelines recommend trying 2 weeks first and then 2 additional weeks with evidence of demonstrated efficacy. In this patient, given the patient's work status of continuing to work at a modified position, it is questionable whether or not the entire 4 weeks would be needed. MTUS Guidelines do not support going for the entire 4 weeks right away but trying 2 weeks first to demonstrate efficacy. Recommendation is for denial.