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| <b>Case Number:</b>   | CM13-0055731 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/01/2005 |
| <b>Decision Date:</b> | 03/27/2014   | <b>UR Denial Date:</b>       | 11/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2013 |

### 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 Family Practice and is licensed to practice in 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 46 year old female who reported an injury on 03/19/2003 after she was putting blinds onto a cart and reportedly sustained injury to her low back. The patient's treatment history included physical therapy, chiropractic treatment, acupuncture, TENS unit, medications, and epidural steroid injections. The patient underwent an L5-S1 laminectomy and discectomy followed by postoperative aquatic therapy and physical therapy. The patient's most recent functional restoration program period progress report indicated that the patient has completed 80 hours of the 160 hour functional restoration program. It is documented that the patient had an increase in cardiovascular exercise from 3 minutes to 15 minutes, an increase in the ability to curl up to 10 pounds from 20 to 24 repetitions, an increase in the ability to do modified push ups from 20 to 45, and an increase in modified crunches from 15 to 30. It was noted by the evaluating physician that the patient had made solid progress during participation of the program. A request was made for an additional 120 hours of a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program times 120.00 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**Decision rationale:** The requested continued functional restoration program times 120.00 hours is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The requested additional 120 hours exceeds this recommendation. The requested 120 hours does not allow for timely re-assessment and re-evaluation to determine the efficacy of the patient's treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested continued functional restoration program times 120.00 hours is not medically necessary or appropriate.