

<b>Case Number:</b>	CM13-0055810		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/11/2013
<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 Physical Medicine and Rehabilitation 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 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 47-year-old male who reported an injury on 03/28/2012. The mechanism of injury was noted to be the patient was twisting while attempting to move a very large patient when he felt pain in his low back. The patient was noted to be treated with physical therapy with no significant relief. The patient had a comprehensive multidisciplinary pain management evaluation, a physical therapy multidisciplinary evaluation, and psychological evaluation. The patient's diagnoses were noted to be myospasm, lumbosacral degenerative disc disease, and moderate central canal stenosis at L3-4, "angenital" stenosis, and a short pedicle. The request was made for a Functional Restoration Program for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (x 30 days):** 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): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made

including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the 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 indicated the patient had an adequate and thorough evaluation including baseline functional testing and met the above criteria. However, there was lack of documentation for indicating necessity for a Functional Restoration Program for 30 days as it is recommended for no more than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the above, the request for a Functional Restoration Program x30 days is not medically necessary.