

<b>Case Number:</b>	CM13-0056563		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/27/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Pain Management 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 patient with a date of injury of 5/27/07. A utilization review determination dated 11/22/13 recommends modification of a functional restoration program from 160 hours to 60 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████ Functional Restoration Program (continuous course multidisciplinary treatment for the duration of 160 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for an ██████████ Functional Restoration Program (continuous course multidisciplinary treatment for the duration of 160 hours), California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a

candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. They also note that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the documentation available for review, it is noted that the prior utilization review modified the request from 160 hours to 60 hours initially. As noted above, treatment is not suggested for longer than 2 weeks (80 hours) without evidence of efficacy. The current request is for 160 hours and, unfortunately, there is no provision for modification of this request. In light of the above issues, the currently requested [REDACTED] Functional Restoration Program (continuous course multidisciplinary treatment for the duration of 160 hours) is not medically necessary.