

<b>Case Number:</b>	CM13-0056764		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/23/2013
<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 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 reported an injury on 12/12/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with lumbar radiculopathy and chronic pain syndrome. The patient was seen by [REDACTED] on 10/29/2013. The patient reported ongoing back pain with right lower extremity pain. Physical examination revealed guarding, restricted range of motion, positive straight leg raising, 5/5 motor strength, and diminished sensation. Treatment recommendations included evaluation for a functional restoration program

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 1 multidisciplinary evaluation for functional restoration:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the patient has previously undergone treatment with physical therapy only. The patient did

report improvement in symptoms with physical therapy sessions. The patient declined epidural steroid injections and acupuncture treatment. There is no documentation of an absence of other options that are likely to result in significant clinical improvement. There is no evidence of a failure to respond to previous methods of treating chronic pain. The patient has not undergone any surgical intervention. Based on the clinical information received, the patient does not appear to meet criteria for the requested program. As such, the request is non-certified.