

<b>Case Number:</b>	CM13-0058225		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Pain Management, 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 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:

This is a 66 year-old female who was injured on 7/14/2000. According to the 10/28/13 report, she presents with low back and right leg pain. The pain is worse with colder weather and she was still attending the functional restoration program (FRP), learning to cope with chronic pain and was cutting back on narcotic pain medications. She was diagnosed with lumbar disc injury, spondylosis, radiculopathy, fusion, failed back syndrome and myofascial pain syndrome. The patient was recommended to continue the FRP for the remaining 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program (FRP) for 3 weeks:** 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 Page(s): 30-32.

**Decision rationale:** The patient presents with chronic low back pain/failed back syndrome. With regard to FRPs, the guidelines state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The

patient participated in the program for 3 weeks with unknown and inconsistent subjective and objective findings. The guideline criteria for continuation in a FRP have not been met. Therefore, the requested services are not medically necessary or appropriate at this time.