

<b>Case Number:</b>	CM13-0061573		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 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 patient is a 62-year-old male with a date of injury of 11/03/2010. The listed diagnosis per [REDACTED] is chronic pain of the groin and back. According to report dated 11/08/2013 by [REDACTED], the patient successfully completed 6 weeks at [REDACTED] Functional Restoration Program. The patient reports that his participation at NCFRP has been helpful allowing him to better cope with his chronic pain symptoms. The patient continues to practice the daily physical training, meditation, and relaxation breathing he has learned during his treatment. He reports that these techniques as well as training and cognitive behavioral skills, proper body mechanics, nutritional strategies, and other strategies learned in the 6 weeks of [REDACTED] treatment had been successful helping him progress toward his goals of increasing his functional ability and pain management skills. Over the last 4 weeks, patient has remained off Norco 10/325 mg. Report goes on to state at the end of 6 weeks the patient has shown significant progress in all aspects of his psychological and behavioral functional capabilities. The treator is recommending 6 sessions in an aftercare program to bridge the transition from the program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] FUNCTIONAL RESTORATION PROGRAM  
AFTERCARE SESSIONS #6: 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:** This patient has completed his sixth and final week in [REDACTED] Functional Restoration Program on 11/08/2013. The treater is requesting additional 6 sessions of aftercare to "help patient consolidate his gains and make a successful transition into the context of his everyday life." The MTUS Guidelines page 30 to 33 has the following under chronic pain programs (Functional Restoration Programs): "Recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part-day sessions and required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individual care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function)." According to the discharge summary from 11/08/2013, the patient has demonstrated consistent functional gains and has implemented effective pain management tools and has met all his goals. In this case, the patient has already completed a 6-week program. MTUS does not provide for an extended program following a full course of functional restoration. Continued monitoring of the patient's progress should be carried out by the patient's primary treater via regular visitations. In addition, it is unclear why the patient would not be able to apply what he has learned within the 6-week program after discharge. Recommendation is for denial.