

<b>Case Number:</b>	CM13-0062536		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/21/2007
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 & Rehabilitation, has a subspecialty in Sports Medicine, 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 is a 53-year-old female who reported an injury on 01/21/2007. The mechanism of injury was noted to be repetitively lifting heavy trash bins. The patient's diagnoses included cervical disc displacement and according to the submitted documentation dated 11/18/2013 through 11/21/2013, the patient had completed a second week of functional restoration program and remained engaged in both psychological and physical portions of the NCFRP's multidisciplinary treatment. The patient was compliant. The patient indicated that the program had given her hope and motivation to functionally improve. The patient had an increase in pain symptoms resulting from the reintroduction of rehabilitative exercise into her life; however, it was indicated the patient remained motivated and was making use of the psychological techniques that were offered to her and was improving in her pain coping skills. The patient had a decrease in her medication. The patient decreased her psychiatric medications. The patient indicated that her mood had improved since starting the program. The patient showed functional improvement according to the evaluation. The request was made for 20 more sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**████████████████████ FUNCTIONAL RESTORATION PROGRAM FOR 20 DAYS: 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 Functional Restoration Programs (FRPs) Page(s): 30-32.

**Decision rationale:** The 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 the guidelines indicate the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Treatment duration should not exceed 20 full day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The clinical documentation submitted for review indicated the employee had subjective and objective gains; however, there is a lack of documentation indicating the rationale for 4 additional weeks without intermediate re-evaluation. Given the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for [REDACTED] Functional Restoration Program for 20 days is not medically necessary.