

<b>Case Number:</b>	CM13-0063253		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 50-year-old female injured on April 1, 2011. The most recent physical examination provided was dated March 1, 2013, during which the claimant's complaints were reported as low back pain with radiating left lower extremity pain, weakness and numbness. Physical examination showed restricted lumbar range of motion with positive straight leg raise in the seated position and a neurologic examination with equal and symmetrical reflexes, weakness to the left extensor hallucis longus, and diminished sensation in a stocking distribution to the left lower extremity. No imaging reports were provided for review. Conservative treatment has included medications, physical therapy, epidural injections and work restrictions. There is no documentation of a prior surgical process. There is a clinical request for a functional restoration program for this individual. There are no clinical records beyond the physical examination cited above. This request is for a multidisciplinary functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MULTIDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION FUNCTIONAL RESTORATION PROGRAMS Page(s): 49.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support a functional restoration program for this employee. While functional restoration programs are recommended for select individuals with chronic disabling occupational musculoskeletal disorders, this employee's diagnosis is unclear. The records provided for review fail to demonstrate formal imaging findings, a current working diagnosis or documentation of treatment plan over the past six months to facilitate the need for a functional restoration program. The specific request in this case cannot be supported at this time.