

<b>Case Number:</b>	CM13-0068650		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a date of birth 1/18/83 and a date of industrial injury of September 13, 2010 .Her diagnoses include chronic lumbar backache, myofascial strain, reactive anxiety and depression, radicular pain in the lower extremities. The mechanism of injury was pulling a file cabinet across some carpet resulting in injury to the low back. An MRI October 2010 revealed a 1-2 cm central disk bulge L4-S. She has undergone a functional restoration program initial evaluation on November 21, 2013. There is a request for a decision for Functional Restoration Program x 160 hrs for the Lumbar area. .She struggles with chronic pain. She is not really interested in undergoing injection therapies but has tried PT, acupuncture, a brief TENS trial. She has not worked since 9/13/10. On examination of the upper back, she had mild tenderness to palpation over the left trapezius and left medial border of the scapula primarily at the inferior aspect. She had mild tenderness to palpation over the upper thoracic paraspinal muscles primarily on the left. On examination of the lumbar spine, she had tenderness over the lower lumbar paraspinal muscles from the approximate levels of L3 through LS. Lumbar flexion was limited to approximately 20 degrees and extension to 5 degrees. Lateral tilt to both the left and the right were limited to approximately 10 degrees. Straight leg raising test was grossly positive on the left. She had decreased sensation to light touch in the left L5 distribution. Deep tendon reflexes were 2 + in the upper and lower extremities and were symmetric. Her gait was grossly antalgic with weight bearing favored on the right leg. She had difficulty getting up from a seated to standing position. However, she was able to ambulate without assistance and did not require the usage of a cane. A 12/3/13 visit indicates that the patient was on the following medications (1) Cyclobenzaprine;(2) Gabapentin Tablets 600mg (3) Nabumetone-Relafen 500mg (4) Tramadol

HCL ER (5) Etodolac (6) Hydrocodone-acetaminophen (7) Omeprazole (8) Orphenadrine Citrate (9) Tramadol .

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**The request for Functional Restoration Program x 160 hrs for the Lumbar: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for the general use of multidisciplinary pain management programs Page(s): 3.

**Decision rationale:** Functional Restoration Program x 160 hrs for the lumbar is not medically necessary as written per the MTUS guidelines. Per the guidelines a functional restoration treatment program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The 2 weeks sessions, five days per week would equal 60 hours total. The request exceeds the guideline recommendations and therefore a functional restoration program x 160 hours is not medically necessary.