

<b>Case Number:</b>	CM13-0069354		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 29 year-old patient sustained an injury on 9/15/09. Request under consideration is for Functional Restoration Program (FRP) for 32 days. The request for FRP was previously denied on 11/22/13 noting lack of thorough evaluation that included baseline testing with objective measures to note progress planned in the program. The current request is an appeal providing schedule of program. The request for FRP for 32 days was again non-certified on 12/4/13 noting no specific quantifiable goals were mentioned nor what specific activities the patient will be performing to meet this treatment goals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for 32 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation

oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic injury. Guidelines note poor outcome from FRP with delayed treatment as in this case for chronic injury of 2009. The patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. Clinical findings noted tenderness and positive provocative testing; however, has no noted neurological deficits demonstrated. Additionally, guidelines recommend an initial trial of 2 weeks of FRP with further consideration pending documented functional benefit. The Functional Restoration Program for 32 days is not medically necessary and appropriate.