

<b>Case Number:</b>	CM14-0004314		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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:

The injured worker is a 40-year-old male who reported an injury on 02/07/2012. The mechanism of injury involved a slip and fall. The latest physician progress report submitted for this review was documented on 08/14/2013. Previous conservative treatment includes a lumbar epidural steroid injection. The injured worker reported persistent lower back pain with radiation into bilateral lower extremities. Physical examination revealed a non-antalgic gait, significant tenderness to palpation at the lumbosacral junction, decreased lumbar range of motion, and 5/5 motor strength in bilateral lower extremities with decreased sensation on the right. Treatment recommendations at that time included an initial evaluation at the [REDACTED] Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **RESTORATION PROGRAM X SIX (6) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. Total treatment duration should generally not exceed twenty full day sessions. As per the documentation submitted, the injured worker has participated in a functional restoration program for an unknown duration. Documentation of the injured worker's participation in the program was not provided for review. Therefore, additional treatment cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.