

<b>Case Number:</b>	CM14-0105545		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & 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 is a 47 year old male with a 2/20/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/6/14 noted the patient felt physically stronger due to physical therapy portion of the program. He continued to have some headaches along with back and anterior chest pain. Objective findings included tenderness over bilateral cervical and thoracic paraspinal muscles. Motor and sensation was normal in bilateral upper extremities. It noted that the patient has completed 16 days of the functional restoration program and still has 4 days authorized. The provider anticipates that additional sessions will allow him to continue to increase his physical strength and ability to self-manage his pain with minimal analgesic medications. Diagnostic Impression: chronic pain syndrome  
Treatment to Date: physical therapy, medication management  
A UR decision dated 6/14/14 modified the request for functional restoration program, 12 additional days and certified 5 additional days. The claimant is making excellent progress, and 12 additional days have been requested. The claimant has been certified for the usual 20 sessions recommended for FRP; however in view of his excellent progress, a modified request for 5 more days of FRP is medically reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program, twelve (12) additional days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs): Criteria.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. However, the patient has already been noted to have achieved significant strength gains from the initial 16 sessions, and still has 4 sessions remaining. It is unclear why he would need any additional sessions beyond the initial recommended 20 sessions, which he is already approved for. Therefore, the request for Functional Restoration Program, Twelve Additional Days was not medically necessary.