

<b>Case Number:</b>	CM14-0106892		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Nevada. 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 records presented for review indicate that this 51 year-old male was reportedly injured on 5/9/2007. The mechanism of injury was noted as a motor vehicle accident. The most recent medical notes dated 7/2/2014, 7/16/2014 and 7/23/2014, indicate that there are ongoing complaints of low back pain. Physical examination demonstrated limited lumbar spine range of motion due to pain, patellar & ankle reflexes 2/4, motor strength 4/5 in the hips/knees, otherwise 5/5 in lower extremities bilaterally; and positive sacroiliac joint compression test. An EMG study dated 12/14/2011 showed electrodiagnostic evidence for a right L5-S1 radiculopathy. Diagnoses: Chronic pain syndrome, lumbar disk displacement and lumbar radiculitis. Previous treatment included lumbar spine surgery, physical therapy, occupational therapy, massage therapy, acupuncture and medications. The claimant underwent 24 sessions of a functional restoration program and was formally discharged on 7/16/2014. A request was made for a continuation of functional restoration program for four additional sessions with a start date of 6/9/14 (retro for dates 6/9/14 and 6/18/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of Functional Restoration Program for 4 additional sessions w/ a start date of 6/9/14 (retro for dates 6/9/14 and 6/18/14):** Overturned

**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 Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** The MTUS guidelines support a functional restoration program and allow for 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for an extension and reasonable goals to be achieved. The claimant underwent 24 sessions of physical medicine rehabilitation. A review of the available medical records documents a request for four additional sessions to help transition and reinforce a home program. In addition, there was documented functional improvement with the four additional sessions. As such, the Continuation of Functional Restoration Program for 4 additional sessions w/ a start date of 6/9/14 (retro for dates 6/9/14 and 6/18/14) is medically necessary.