

<b>Case Number:</b>	CM14-0109688		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 48-year-old individual was reportedly injured on February 12, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, July 20, 2014, indicated that there were ongoing complaints of low back pain. It was also noted the 20 days of a functional restoration program were completed at that time. The physical examination demonstrated mild to moderate increases in functionality. Diagnostic imaging studies were not reported. Previous treatment included a functional restoration program completed in June 2014. A request had been made for a functional restoration protocol and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x 10 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) :Chronic Pain Programs Page(s): 30-34 of 127.

**Decision rationale:** The records reflect that a 20 days course of functional restoration program has been completed. As outlined in the MTUS, these programs are recommended where there is access with proven successful outcomes. There is no data presented as to the outcomes for this protocol/program; furthermore, after 20 days of functional restoration, the outcome was less than expected. As such, when noting the multiple parameters outlined for entrance of the program, and noting that a 20 day session has been completed, there is little data presented to support the additional 10 days.