

<b>Case Number:</b>	CM14-0110186		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old female with a reported injury on 05/03/2013. The mechanism of injury occurred while she was working as a cashier, she was ringing up a customer when all of a sudden she felt a sharp pain in her left thigh. Her diagnoses included lumbosacral disc injury, lumbosacral sprain/strain injury, lumbosacral radiculopathy, and myofascial pain syndrome. Her previous treatments included chiropractic treatment with good benefit. She had increased function and was able to decrease her medications. She also had use of a TENS unit with some benefits and has a home exercise program. She has had treatments of acupuncture as well. The injured worker had an examination and a review on 07/31/2014. She continued to complain of ongoing low back pain radiating down her right lower leg extremity with pain and numbness. Upon examination of the lumbar spine there was noted to be tenderness to the lumbosacral area upon palpation along with decreased range of motion. She appeared to have lumbar myofascial tightness and the straight leg raising test was positive on the right. She did have decreased strength and decreased sensation in the right L4-5 and S1. At that time she was not working due to modified work, was not available. The list of medications was not provided. The recommended plan of treatment is for functional restoration program. The Request for Authorization was not provided. The rationale is due to the fact that the injured worker has already tried numerous treatments and has not improved her overall function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program eval for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain program (functional restoration program) Page(s): 30-34.

**Decision rationale:** The request for the functional restoration program evaluation of the low back is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend functional restoration programs where there is access with 2 programs with proven successful outcomes for injured workers with conditions that put them at risk of delayed recovery. The criteria for the use of a multiple disciplinary pain management program to be considered medically necessary is: if there was an adequate and thorough evaluation that has been made including a baseline functional testing, previous methods of treating chronic pain have been unsuccessful, if the injured worker has significant loss of ability to function independently resulting from chronic pain, and if the injured worker is a candidate where surgery or other treatments would clearly be warranted, or the injured worker exhibits motivation to change and is willing to forgo secondary gains. There was lack of evidence of adequate and thorough evaluation to include baseline functional testing. There is documentation that previous methods of treating have been unsuccessful. There is no documentation that exhibits the injured worker's motivation to change. The clinical information fails to meet the evidence based guidelines for the request. There is a lack of evidence to support the medical necessity of the functional restoration program. Therefore the request for the functional restoration program evaluation of the low back is not medically necessary.