

<b>Case Number:</b>	CM14-0120184		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 66-year-old female who reported an injury on 10/05/2013. The mechanism of injury involved a fall. The current diagnoses include pre-existing activity related low back pain, posterior facet syndrome, posterior facet degenerative arthropathy, lumbar disc protrusion, and bilateral shoulder arthroscopic surgery. The injured worker was evaluated on 06/13/2014 with complaints of persistent lower back pain and activity limitation. It is noted that the injured worker underwent left elbow surgery in 10/2013 and a left total knee replacement in 03/2014. Physical examination on that date revealed limited cervical range of motion, palpable tenderness in the lumbar spine, facet joint tenderness, limited lumbar range of motion, and painful lumbar range of motion. Treatment recommendations at that time included an orthopedic nonsurgical lumbar rehabilitation program and posterior facet and intervertebral disc functional restoration program twice per week for an initial 24 treatments. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 2 x weekly for initial 24 treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 49.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful, and an absence of other options that are likely to result in significant clinical improvement. There should be evidence of a significant loss of the ability to function independently. Negative predictors of success should be addressed. Total treatment duration should generally not exceed 20 full day sessions. As per the documentation submitted, the injured worker does not demonstrate a significant functional limitation upon physical examination. The current request for an initial 24 treatments exceeds Guideline recommendations. There is also no evidence of an adequate and thorough evaluation. There is no documentation of an exhaustion of conservative treatment with an absence of other options. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.