

<b>Case Number:</b>	CM14-0128051		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Interventional Spine 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 patient is a 26-year-old female with a date of injury of 05/08/2013. The listed diagnosis per [REDACTED] is lumbar radiculopathy. According to progress report 07/07/2014 by [REDACTED], the patient has continued low back pain which is described as burning with numbness. The patient states the pain is constant 7/10 and interferes with her sleep and work. The patient's treatment history includes OTC medications, oral prescriptions, topical medications, physical therapy, injections, myofascial release, and surgery. The physician states patient is poorly conditioned, unhappy, and needs to return to the work place. She reports the patient does not have any negative predictors that she wishes to return to work and she does not smoke or blame her employer for her injuries. She appears to be an excellent candidate for the [REDACTED] Functional Restoration Program. The physician is requesting assessment to see if the patient is a good candidate for multidisciplinary program. The assessment is to include 1 day evaluation of psychological evaluation, physical therapy evaluation, and a medical evaluation. Utilization review denied the request on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program. The assessment is a one day evaluation from a psychology evaluation, a physical therapy evaluation, and a medical evaluation.:  
Overturned**

**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 Functional restoration programs (FRPs) Page(s): 49 30-33.

**Decision rationale:** This patient presents with low back pain. The physician is requesting a 1-day Functional Restoration Program assessment to include psychological evaluation, physical therapy evaluation, and a medical evaluation. Utilization review denied the request stating, "It is unclear if the patient had a significant loss of ability to function independently, resulting from the chronic pain." The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the physician is requesting an assessment to determine if the patient would be a good candidate for the program. MTUS requires a thorough evaluation before consideration in the program is made. Therefore, this request is medically necessary.