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| <b>Case Number:</b>   | CM14-0128796 |                              |            |
| <b>Date Assigned:</b> | 08/18/2014   | <b>Date of Injury:</b>       | 05/04/2012 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/13/2014 |

### 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 40-year-old gentleman was reportedly injured on may fourth 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the left knee. The physical examination demonstrated decreased range of motion of the lumbar spine and slightly decreased lower extremity muscle strength. Diagnostic imaging studies were not reviewed during this visit Previous treatment includes chiropractic care and physical therapy. A request had been made for 160 hours of a functional restoration program and was not certified in the pre-authorization process on August 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for a total of 160 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines the criteria for participation in a functional restoration program includes that the recommended treatment is not

suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Additionally the criteria also specify that the injured employee should have a significant loss of ability to function independently as a result of chronic pain. As there is no documentation of a loss of ability to function independently and as this request is for a total of 160 hours, this request for a functional restoration program for a total of 160 hours is not medically necessary.