

<b>Case Number:</b>	CM14-0154561		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Pain Management 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 54-year-old female with a date of injury of 07/15/2013. The listed diagnoses per [REDACTED] are: 1. Displacement of lumbar intervertebral disk without myelopathy. 2. Low back pain. 3. Lumbago with sciatica. 4. Fibromyositis. 5. Chronic pain syndrome. 6. Low back strain. According to progress report 09/15/2014, the patient is currently in the second week of a functional restoration program. The patient is attending and participating in various aspects of the program and reports increased physical pain due to increased activity levels. The treater states that "it is anticipated that [REDACTED] will need the full 6 weeks of the program, however, further treatment in the program was denied. Participation in the Functional Restoration Program has been placed on hold pending appeal and additional authorization." The treater is requesting additional 2 weeks in the Functional Restoration Program, 60 hours. Utilization review denied the request on 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two additional weeks of functional restoration program (60 hours):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

**Decision rationale:** This patient is in the second week of the Restoration Program. The treater is requesting 2 additional weeks (60 hours). Utilization review denied the request stating "treatment plan that was provided for patient included only generalized course list and not specific treatment approaches." Regarding additional FRP, the MTUS states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The patient has trialed 2 weeks in the Functional restoration program. The treater is requesting additional 2 weeks to achieve the proposed goals. In this case, the requested additional 2 weeks is supported by MTUS and should be allowed so the patient can have adequate time to produce improvement and meet goals. The request for Two Additional Weeks of Functional Restoration Program (60 Hours) is medically necessary.