

<b>Case Number:</b>	CM14-0165150		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 36 year old male with a date of injury on 8/17/2005. Diagnoses include lumbar disc displacement without myelopathy, and unspecified major depression. The patient is status post microdiscectomy at L5-S1 in 2010. Subjective complaints are of continued back and neck pain, which radiates into the bilateral upper extremities. Physical exam showed an antalgic gait without use of an assistive device, and full cervical range of motion. Sensation was decreased in the left greater than right dorsal hands, and strength is normal. Tinel's test was negative at the bilateral wrists. No current physical findings were documented for the lumbar spine. Medications include Norco which helps with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-34.

**Decision rationale:** CA MTUS identifies specific criteria for inclusion in a functional restoration program including: adequate and through prior investigation, failure of previous treatment

modalities, significant loss to function independently, not a surgical candidate, and patient exhibits motivation to change. For this patient, documentation did not identify significant loss to function independently, and objective exam findings did not show significant findings. Therefore, the medical necessity for a functional restoration program is not established at this time.