

<b>Case Number:</b>	CM14-0186779		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

This injured worker's date of injury is 10/24/2013. This patient receives treatment for chronic low back pain. The original injury was the result of lifting bags of cement. The medical diagnoses include lumbar strain/pain, lumbar disc disease and anxiety. The patient has been treated with Buspar, tramadol, chiropractic, and a TENS unit. A lumbar spine MRI examination on 10/26/2013 showed no impingement of the thecal sack or cord. There was nerve root impingement on the left side at L4. ROM of lumbar spine is reduced 50% from normal. Motor/sensory sensory exam is normal. The patient performs a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional restoration programs) Page(s): 30-32.

**Decision rationale:** There is little scientific evidence that these programs work, plus there is no gold standard for admission criteria to these programs. Criteria for admission ought to include the following: baseline testing of functioning, documentation of previous modes of therapy tried

and failed, documentation that a surgical option is not possible, and evidence that the patient is motivated to change. The documentation does not mention these criteria. For example, there is no documentation that the patient had physical therapy for the back pain. Referral to a functional restoration program is not medically indicated.