

<b>Case Number:</b>	CM14-0022467		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/20/2002
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 55 year old employee with date of injury of 6/20/02. Medical records indicate the patient is undergoing treatment for back pain syndrome, lumbosacral disc injury with radiculopathy, and status post lumbosacral fusion. Subjective complaints include pain in the low back and legs. Objective findings include lumbosacral motion was reduced; straight leg raise was positive and lower extremity motor strength was 5/5. The treatment for his diagnoses of back pain syndrome, lumbosacral disc injury with radiculopathy, and status post lumbosacral fusion has consisted of Norco, Neurontin, and Remeron. The utilization review determination was rendered on 2/16/14 recommending non-certification of initial evaluation for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION FOR A FUNCTIONAL RESTORATION PROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program, Detoxification, Functional restoration programs Page(s): 30-34, 42, 49.

**Decision rationale:** California MTUS clearly states that "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The patient appears to have benefited from multiple treatments with detoxification programs and has been successful in weaning opioid usage. Based on the medical documents provided, the patient has already attended six weeks worth of sessions which is long enough to establish a self-directed program. During the initial six weeks of treatment no functional goals were achieved. As such, the request for functional restoration program is not medically necessary.