

<b>Case Number:</b>	CM14-0025715		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation 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 injured worker is a 59-year-old female with a reported date of injury on 01/05/2010. The mechanism of injury was noted to be continuous trauma. Her diagnoses were noted to include cervical disc displacement without myelopathy. Her previous treatments were noted to include functional restoration program, medications, cervical epidural injections, and physical therapy. The progress note from the functional restoration program dated 03/27/2014 indicated the injured worker had completed 157 hours. The provider indicated the injured worker's range of motion improved bilaterally from about 10 degrees to 20 degrees and her strength improved from 46 pounds on the right and 26 pounds on the left. The injured worker was able to perform 60% of a squat and 60% of a lunge, improved from 30% on admission. The injured worker was able to lift 9 pounds from the floor to the waist as well as waist to the shoulder improved from 6 pounds on admission. The provider indicated the injured worker was utilizing less pain medications, and her activities of daily living and self-care continued to show steady improvement. The progress note dated 05/01/2014 indicated the injured worker complained of chronic neck and bilateral upper extremity pain. The injured worker continues to complain of neck pain radiating down her bilateral upper extremities, left greater than right with numbness and tingling in her bilateral hands. The injured worker reported she had completed the [REDACTED] Functional Restoration Program and received good benefit. She indicated she learned a home exercise program, meditation, yoga and breathing was better. The physical examination revealed the injured worker's mood and affect were appropriate and no evidence of sedation. The request for authorization form dated 03/12/2014 was for the functional restoration program for 160 hours for interdisciplinary treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **FUNCTIONAL RESTORATION PROGRAM (██████████)**,  
**QTY: 160 HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**Decision rationale:** The request for the ██████████ Functional Restoration Program quantity 160 hours is not medically necessary. The injured worker has completed 157 hours of the ██████████ Functional Restoration Program (FRP). The Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusions in these programs. The Functional Restoration Programs are a type of treatment included in the category of interdisciplinary pain programs. These programs emphasize the importance of function over the elimination of pain. The Functional Restoration Program incorporate components of exercise progression with disability management and psychosocial intervention. The long term evidence suggests that the benefit of these programs diminishes over time, but remains positive when compared to cohorts that did not receive an intensive treatment. A review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function in patients with low back pain. The guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation provided from the FRP indicated subjective and objective functional gains; however, the injured worker has completed 157 hours of previous FRP therapy. The request for 160 hours exceeds guideline recommendations. Therefore, the request is not medically necessary.