

<b>Case Number:</b>	CM14-0026430		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/04/2005
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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 42 year old male with date of injury of 2/4/2005. Review of the medical records indicate that the patient is being treated for chronic pain, low back pain, and lumbar radiculopathy. Subjective complaints include 5/10 VAS scale and 6-7/10 level of function. Objective findings include "no acute distress with a slow gait", full to limited range of motion to lumbar spine, moderate spasms to paraspinal muscles of lower lumbar, decreased sensation to touch to bilateral shins, and decreased strength to bilateral dorsiflexion of feet. Treatment has included epidural steroid injection, cognitive behavior therapy, Hydrocodone, Flexeril, Soma, Naproxen, and Lidoderm Patches. Utilization review dated 2/26/2014 partially certified for 10 visits of Functional Restoration Program (original request was for 40 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM QUANTITY 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29-32, 49.

**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:** The MTUS Guidelines states "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 treating physician's initial request was for 40 sessions, which is double number of sessions MTUS recommends. Medical records provided do not satisfactorily document clear rationale for the specific extension past 20 sessions. Additionally, the treating physician does not document subjective, objective gains, or clear clinical rationale that would warrant 40 day sessions without any interim re-evaluation for efficacy. As such, the request for Functional Restoration Program for 40 days is not medically necessary and appropriate.