MAXIMUS Federal Services

| Case Number: | CM14-0033254 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 10/18/2012 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

## 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 Physical Medicine & 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 47-year-old male with a reported injury on 10/18/2012. The mechanism of injury was not provided. The injured worker had an exam on 02/11/2014, with complaints of lower back pain and left hip pain, as it has increased. The pain is rated at a 6/10 scale. The medication list includes Ambien, Anaprox, Axid, Senokot, Norco, and Lidoderm patch. He did report that he is tolerating his medications well and he is on a home exercise program. He does have a history of having physiotherapy treatments and his last session was dated on 12/17/2013. The injured worker has returned to work on modified duty and his employer was able to accommodate his restrictions. The recommended treatment includes functional restoration program evaluation by a physical or occupational therapist, a comprehensive medical evaluation by a physician, and a comprehensive evaluation including psychometric testing. The request for the functional restoration program was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program for an initial evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs (FRPs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31.

**Decision rationale:** The California MTUS Guidelines do recommend access to the program and that it is successful for patients with conditions that put them at risk for delayed recovery. The guidelines also state the patient should be motivated to improve to return to work. Guidelines also state that the rehab programs should be combined with multiple treatments, and at least include the psychological care along with physical therapy and occupational therapy, which has been recommended in the plan of treatment. The injured worker has shown progress and he is back at work with a modified program. Therefore, the request for the functional restoration program is medically necessary.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs (FRPs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain program (functional restoration program) Page(s): 30-31.

**Decision rationale:** The California MTUS Guidelines do recommend access to the program and that it is successful for patients with conditions that put them at risk for delayed recovery. The guidelines also state the patient should be motivated to improve to return to work. Guidelines also state that the rehab programs, combined with multiple treatments, and at least include the psychological care along with physical therapy and occupational therapy, which has been recommended. The injured worker has shown progress and he is back at work with a modified program. The evaluation from the initial functional restoration examination was not provided. Furthermore the request for the restoration program did not specify frequency and duration. Therefore, the request for the functional restoration program is not medically necessary.