

<b>Case Number:</b>	CM14-0033664		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 51-year-old male who reported an injury on 12/23/2011. The mechanism of injury was lifting. His previous treatment has included physical therapy, acupuncture, use of a TENS unit, epidural steroid injection, and chiropractic therapy. A 02/10/2014 letter of medical necessity indicated that the patient had undergone an interdisciplinary assessment and was recommended for 10 days of participation in a Functional Restoration Program. A 02/07/2014 progress report indicated that the injured worker was diagnosed with lumbar intervertebral disc disorder and sprain/strain of the lumbar spine with radiculitis. A Request for Authorization was submitted on 02/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program(FRP):** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines the criteria for admission to a Functional Restoration Program includes a detailed and thorough evaluation including baseline functional testing; evidence that previous methods of treating chronic pain had been unsuccessful and there was an absence of other options likely to result in significant improvement; evidence showing the patient has a significant loss of function; the patient exhibits motivation to change; and negative predictors of success have been addressed. The guidelines also indicate the treatment is not suggested for longer than 2 weeks without demonstrated efficacy by subjective and objective functional gains. The clinical information submitted for review indicated the patient was recommended for a Functional Restoration Program; however, clear documentation was not provided showing significant functional deficits, an absence of other options, and that the injured worker shows motivation to change. In addition, the documentation failed to show that an adequate and thorough evaluation has been made with initial functional status and documentation regarding negative predictors of success. Based on the above, the injured worker does not meet the criteria for admission to a Functional Restoration Program at this time. Furthermore, the request failed to indicate the duration of treatment being requested. Therefore, as the guidelines do not support treatment longer than 2 weeks without evidence of demonstrated efficacy, and the absence of a specific number of days being requested, the request is not supported. For the above reasons, the request is not medically necessary.