

<b>Case Number:</b>	CM14-0034322		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 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 applicant has filed a claim for chronic pain syndrome, chronic low back pain, and myofascial pain syndrome reportedly associated with an industrial injury of July 5, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy; electrodiagnostic testing, apparently suggestive of an L5-S1 radiculopathy; and extensive periods of time off of work. The applicant apparently ceased work in April 2013. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for an additional two weeks of functional restoration program, noting that these would represent weeks five and six of said functional restoration program. The claims administrator stated that the applicant had not improved with earlier treatment. The applicant's attorney subsequently appealed. In a highly templated February 10, 2014 functional restoration program integrated summary report, the applicant's treating provider stated that the applicant had the potential to achieve a higher physical demand level. It was stated that the applicant's goal was to improve sitting, standing, and material handling tolerance so that the applicant could achieve a light-medium physical demand level. The report stated, somewhat incongruously, in some sections that the applicant had not reduced medications due to increased activity, while other sections of the report stated that the applicant's medication usage was unchanged. Yet another section of the report stated that the applicant was becoming less dependent on medications. The overall note was extremely difficult to follow and contained very little in the way of narrative commentary. It was seemingly stated that the applicant nevertheless remained depressed. It was stated that the applicant was trying to lose five pounds and that this was the stated goal of continuing the functional restoration program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FUNCTIONAL RESTORATION PROGRAM - ADDITIONAL TWO WEEKS (WEEKS 5 AND 6) (10 DAYS, 2 WEEKS, 60 HOURS) FOR THE LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). topic Page(s): 30-2.

**Decision rationale:** The CA MTUS guidelines further notes that treatment duration in excess of 20 sessions requires a clear rationale for specified extension and reasonable goals to be achieved. In this case, the applicant has already had prior treatment (four weeks), which is in excess of the 20-full-day-session total treatment duration maximum suggested by the MTUS. In addition, no clear rationale for additional treatment has been provided. The claimant's stated goal of trying to lose five pounds does not appear to be sufficient to testify 60 additional hours of functional restoration. It is further noted in the MTUS guidelines states that one of the criteria for pursuit of functional restoration program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. If a five-pound weight loss is the avowed goal of further treatment, this is, in fact, something which could be accomplished through other means, such as regular, daily exercise. It is further noted that the MTUS Chronic guidelines states that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, as previously noted, the attending provider's documentation is highly template. It was not made evident that the applicant had in fact reduced medication consumption through the four prior weeks of functional restoration, for instance. Based on the above, the request is not medically necessary and appropriate.