

<b>Case Number:</b>	CM14-0036213		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/13/2000
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Pain Management 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:

This is a patient with a date of injury of 10/13/00. A utilization review determination dated 3/4/14 recommends modification of a functional restoration program to an initial multidisciplinary assessment. 3/19/14 medical report identifies that, when seen on 2/11/14, the patient had low back pain and he was unable to tolerate work activities. The activities of daily living have worsened, mood was poor, and quality of sleep was also poor. On exam, there was antalgic gait and inability to heel walk. There was paraspinal tenderness and spasm. There was right shoulder positive crossover test and empty can test as well as tenderness. There was right ankle dorsiflexion weakness 4+/5 and reduced right grip, as well as reduced sensation over the right ulnar hand and right L4, L5, and S1. The deep tendon reflexes were reduced at the right ankle and Froment's sign was positive on the right. The provider noted that the guidelines support treatment for no longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. He stated that, based on the given time duration, it would seem that the said guidelines provided enough time to thoroughly evaluate and allow the patient to participate in a trial of the said program to measure if it will be beneficial or not to the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

**Decision rationale:** Regarding the request for a functional restoration program, the California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success have been addressed. Additionally, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing. The previous utilization reviewer appropriately modified the request to certify an initial multidisciplinary assessment, but unfortunately, there is no provision to similarly modify the current request. The utilization of a functional restoration program prior to evaluation with baseline functional testing, even if only as an initial trial, is not supported by the California MTUS. In light of the above issues, the currently requested functional restoration program is not medically necessary.