

<b>Case Number:</b>	CM14-0037197		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Interventional Spine 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 patient is a 38 year old with an injury date on 5/15/12. Based on the 12/10/13 psychological report provided by [REDACTED] the diagnoses are adjustment disorder with depressed mood, low back and hip pain, chronic, eating programs, and mild symptoms or some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaning interpersonal relationships. An Exam on 2/20/14 showed obese male, mildly antalgic gait, difficult transition from sit to stand. Mild tenderness to palpation over left lumbar back, left SI joint, left buttock. No tenderness to palpation over greater trochanter or left IT band. Lumbar flexion limited to the knees, extension 20 degrees. Lateral rotation 50 degrees bilaterally. Negative seated SLR bilaterally. [REDACTED] is requesting Final 2 weeks of [REDACTED] functional restoration program. The utilization review determination being challenged is dated 2/20/14 and refutes request as the California MTUS requires a clear rationale and goals beyond 20 FRP sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/13 to 2/20/14 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Final 2 weeks of [REDACTED] Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

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

**Decision rationale:** This patient presents with lower back pain. The provider has asked for a final 2 weeks of [REDACTED] functional restoration program on 2/11/14. Review of the report shows patient has completed 4 weeks of the functional restoration program, with significant functional gains per 2/11/14 report. The Patient is able to lift 50-60lbs from waist to shoulder level, when at the start he could only lift 5lbs per 2/11/14 report. The patient is now able to exercise 2 hours with breaks when at the start he could not exercise at all per 2/11/14 report. The patient desires to return to work as truck driver, but requires an additional 2 weeks to finish program, complete goals of lifting 75 lbs and exercising independently with infrequent breaks per 2/11/14 report. Regarding longer than 20 sessions of functional restoration program, The California MTUS states, treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, patient has progressed well in 4 weeks of FRP, with significant functional gains. The patient is able to exercise 2 hours on his own and the patient should be able to reach the goals of lift 75 lbs on his own without the help from a comprehensive functional restoration program. It would appear the program has already reached adequate goals. There is no explanation as to why the patient is unable to reach additional incremental goals on his own. Therefore, the request is not medically necessary.