

<b>Case Number:</b>	CM14-0038399		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old male whose date of injury is 10/01/2009. The injured worker was lifting 50 lb boxes when he felt a pinch in the left lower back. Treatment to date includes physical therapy, chiropractic treatment, and acupuncture. Diagnoses include postlaminectomy syndrome, lumbar radiculopathy, chronic pain and depression. The prior request was modified to 80 hours/10 visits in accordance with current evidence based guidelines on 03/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (97799 X 160 units) = 27 hr./ X 4 wks = 108 hr.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for functional restoration program (97799 x 160 units)=27 hours/x 4 wks=108 hours is not recommended as medically necessary. The injured worker's date of injury is over 4 years old. California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not generally recommend functional restoration programs for injured workers who have been continuously disabled for greater than

24 months as there is conflicting evidence that these programs provide return to work beyond this period. Additionally, the request is excessive as CA MTUS guidelines would only support an initial trial of 80 units for appropriately identified injured workers to establish efficacy of treatment. Therefore, this request is not medically necessary.