

<b>Case Number:</b>	CM14-0039826		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 57-year-old female who reported an injury on 08/14/2013 caused by unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 02/21/2014, it was documented that the injured worker had significant lower back pain; however, it was noted she received relief with her current narcotic medications. Physical examination of the lumbar spine and thoracic spine revealed negative tenderness at paralumbar musculature. There was tenderness at parathoracic musculature, posterior superior iliac spine region and S1 joints. Motor testing was 5/5 to all muscle groups of lower extremities. Walking on tiptoes was performed without difficulty. Range of motion of lumbar spine forward flexion 60 degrees pain on full flexion, extension was 30 degrees pain on full extension, left lateral tilt right was 30 degrees with pain. There was a negative straight leg raise in the supine and seating position bilaterally, diagnosis included low back pain. Medications included Diclofenac XR 100 mg, anti-inflammatory, Ondansetron 4 mg, and Tramadol ER 150 mg. There is no vas measurements listed for the injured worker noted on progress report dated 02/21/2014. The document submitted for review failed to indicate if the injured worker had any prior conservative care, such as physical therapy, or a home exercise regimen. The request for authorization rationale was not submitted for this review, therefore is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT FUNCTIONAL RESTORATION PROGRAM (FRP) FOR UNSPECIFIED AMOUNT OF TIME: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 30-31.

**Decision rationale:** The request for functional restoration program is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) state that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change, necessary to avoid preventable complications and assume or re-assume primary responsibility (locus of control) for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and vocational goals, as measured by functional improvement. It also states multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies), are most effectively used when undertaken within a coordinated goal, oriented functional restoration approach. The diagnosis includes low back pain. The documentation submitted for review failed to indicate if the injured worker had any prior physical therapy, pain management, and long-term functional improvement outcome measurements. In addition, the request did not specify frequency or duration therefore, the request for outpatient functional restoration program (FRP) for unspecified amount of time is not medically necessary.