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| <b>Case Number:</b>   | CM14-0039831 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 10/20/2011 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 03/22/2014 |
| <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 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:

This is a 51-year-old male patient with a date of injury of 10/20/11. The mechanism of injury occurred as he was walking on a roof, lost balance and fell on top of a fence and then onto the concrete below. On 1/9/14, he complained of pain in the upper back and right shoulder with radiation to the right arm. In addition, he complained of pain in the mid back and lower back with radiation to the right leg. On exam, he was deconditioned and overweight. He has limited range of motion of the cervical and lumbar spine. The diagnostic impression is lumbar and cervical radiculopathy. Treatment to date include: surgery, physical therapy, home exercise program, medication management. A UR decision dated 3/21/14, denied the request for additional days of a Functional Restoration Program. The patient had completed 16 sessions and had 2 authorized sessions unattended. The patient made clear progress with respect to reduction of pain medication use and increase in functional ability in the first two weeks of treatment, but has seen little to no improvement in subjective or objective findings since that time. Since there appears to be lack of continued improvement in the patient's function and guidelines require clear rationale for continuation past 20 sessions, continuation of the functional restoration program does not appear to be warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional days of Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31 - 32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP (Functional Restoration Program) participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. However, the patient appeared to have made progress in the first 2 weeks of treatment, with reduction of pain medication by at least 50%, and demonstrated increase in functional ability within the first 2 weeks. However, after the first 2 weeks of treatment, he has little to no improvement in his function. In addition, the patient has 16 sessions to date with 2 authorized sessions that were unattended. With little to no improvement noted after the first 2 weeks of treatment, continuation of the restoration program cannot be substantiated. In addition, with the documented 16 sessions plus 2 unattended sessions, an additional 12 sessions will put the patient at 38 sessions total, which far exceeds the guideline recommendation of 20 sessions. Therefore, the request for 12 additional days of a Functional Restoration Program is not medically necessary.