

<b>Case Number:</b>	CM14-0040737		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old male was reportedly injured on March 5, 2010. The mechanism of injury is not listed in the records reviewed. The most recent chiropractic progress note dated April 10, indicates that there are ongoing complaints of opiate decreasing pain with a work conditioning therapy flow sheet. An agreed medical evaluation (AME) occurred in February, 2014. The physical examination demonstrated a non-antalgic gait pattern, a decrease cervical spine range of motion and tenderness to palpation in the thoracic region of the spine. Decreased sensation is noted in the C6 distribution. Diagnostic imaging studies objectified multiple level discs bulging with degenerative changes. Previous treatment includes: chiropractic care, work conditioning, and multiple medications. A request was made for a Functional Restoration Program and was not certified in the pre-authorization process on March 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Functional Restoration Program Sessions:** Upheld

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

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

**Decision rationale:** When noting the date of injury, the treatment to date, the injury sustained, and the six completed additional sessions of a functional restoration program mapping, there were no objectification of (any) significant improvement. There is no clinical data presented to support additional sessions of this apparently failed protocol. Therefore, there is no medical necessity established for additional 12 sessions based on the records presented for review. The request for 12 Functional Restoration Program Sessions is not medically necessary.