

<b>Case Number:</b>	CM14-0041061		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 injured worker is a 34 year-old male who was reportedly injured on August 31, 2013. The mechanism of injury is noted participating in an altercation at the place of employment. The most recent progress note dated February 19, 2014, indicates that there are ongoing complaints of low back pain (7/10). The physical examination demonstrated a well-developed, well-nourished individual in no apparent distress. Trigger points are palpated in the quadratus lumbar range of motion, there was tenderness to palpation, and motor strength is listed as 4/5. Diagnostic imaging studies noted ordinary disease of life degenerative changes. Previous treatment includes electrodiagnostic assessment negative for radiculopathy, physical therapy, multiple medications. A request was made for a functional restoration protocol (FRP) and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FRP (Functional Restoration Protocol) evaluation with [REDACTED]: 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 Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, a functional restoration program can be recommended after appropriate screening processes. However, based on the records presented for review there does not appear to be any clinical indication for such a protocol or a reasonable expectation of success. The complaints far outweigh the findings on imaging studies and physical examination, there is no evidence of radiculopathy, and the physical examination is fairly functional. As such, the request of FRP (Functional Restoration Protocol) evaluation with [REDACTED] is not medically necessary and appropriate.

**FCE (Functional Capacity Evaluation) as an adjunction to the FRP (Functional Restoration Protocol) evaluation as a baseline testing for the FRP (Functional Restoration Protocol):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL CAPACITY EVALUATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) independent medical evaluations, referral issues, (electronically cited).

**Decision rationale:** As outlined in the guidelines, the purpose of such an assessment is to establish the work capability. There are ongoing complaints of low back pain, a relatively normal physical examination, no evidence on magnetic resonance image of acute distal lesion and the diagnostic assessment was normal. Therefore, there is no clinical indication presented support the medical necessity of such an assessment. There is no suggestion that this clinical information would change a diagnosis or medical management of this individual. Therefore, the request for FCE (Functional Capacity Evaluation) as an adjunction to the FRP (Functional Restoration Protocol) evaluation as a baseline testing for the FRP (Functional Restoration Protocol) is not medically necessary and appropriate.