

<b>Case Number:</b>	CM14-0064257		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 51-year-old gentleman was reportedly injured on May 2, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion, normal lower extremity muscle strength, and a positive straight leg raise test. Participation in a functional restoration program was recommended. Diagnostic imaging studies of the lumbar spine indicated a grade 2 spondylolisthesis at L5 - S1 with a pars defect. Previous treatment includes physical therapy, the use of a TENS unit, home exercise, injections, acupuncture, and oral medications. A request had been made for a functional restoration program for two weeks and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program x 2 weeks:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for participation in a functional restoration program includes that the injured employee has significantly lost the ability to function independently resulting from chronic pain. There is no documentation in the attached medical record that the injured employee is unable to function independently. Furthermore there is no mention of the injured employees desire to return to work. For these reasons, this request for a functional restoration program for two weeks is not medically necessary.