

<b>Case Number:</b>	CM14-0066004		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for a two-week functional restoration program on the grounds that there was no evidence that the applicant had a significant loss of ability to function owing to chronic pain. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant stated that she had undergone multidisciplinary evaluations suggesting that she was a good candidate for the functional restoration program. The applicant was apparently attending school. The applicant was also breastfeeding her daughter and was taking care of her daughter despite pain, it was stated. The applicant was ambulating with a normal gait pattern. A 10-pound lifting limitation and functional restoration program were sought. It was stated that an earlier epidural steroid injection was not successful. In an interdisciplinary evaluation dated March 6, 2014, it was suggested that the applicant would like to return to work. The treating provider stated that the functional restoration program could help the applicant transition from sub-sedentary work to light duty work. It was stated that surgery was not warranted but that the applicant was intent on improving. In a psychology evaluation of March 6, 2014, the applicant was described as having a pain disorder with psychological factors and depression generating a Global Assessment of Functioning (GAF) of 72. The remainder of the file was surveyed. There was no evidence that the applicant had any psychological counseling or psychotropic medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) for ten days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program is an "absence of other options likely to result in significant clinical improvement." In this case, many of the applicant's symptoms are mental health in nature. The attending provider has not established why lesser levels of treatment, such as psychological counseling and/or psychotropic medications, could not be employed here. The applicant does not appear to have any psychiatric or psychological treatment to date, it is further noted. The Chronic Pain Medical Treatment Guidelines also notes that another criterion for pursuit of a chronic pain program includes evidence that an applicant has a significant loss of mobility to function independently resulting from chronic pain. In this case, the applicant is seemingly attending school. It has not been established that the applicant had sustained a significant loss of ability to function from a chronic pain perspective. For all of the stated reasons, the request for an FRP for ten days is not medically necessary or appropriate.