

<b>Case Number:</b>	CM14-0068103		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 61 year-old patient sustained an injury on 2/6/13 while employed by [REDACTED]. Request under consideration include Remote Care Post FRP (Functional Restoration Program). Diagnoses include Lumbar spondylosis with radiculopathy. Review indicates the patient has completed participation in a Functional Restoration Program per summary report of 4/14-4/15/14 with 180 hours of care over 20 sessions. Current request is for additional after care x 4 months. Report of 6/27/14 from pain management provider noted patient is a graduate of the [REDACTED] Program and continues to be active in her rehabilitation, looking for volunteer work having achieved social security benefit. Current medications list Pristiq ER, Advil, Bayer, Lorazepam. No objective exam was documented besides vitals with BP of 129/80; Pulse 70; pain index of 9; weigh 179 lbs. Diagnoses included major depression, recurrent episode, moderate; unspecified shoulder bursa or tendon disorder; and sacrococcygeal arthritis. The request for Remote Care Post FRP (Functional Restoration Program) was denied on 4/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remote Care Post FRP (Functional Restoration Program):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Functional Restoration Program/Chronic Pain Management Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** Reports reveal the patient may have made some gains; however, they do not appear functionally changed or constructively improved without mention of potential for productive re-entry in the work force as further understanding and continued work to improve functional abilities are still pending. Guidelines criteria to continue a functional restoration program beyond completed program sessions requires clear rationale and functional improvement from treatment rendered. It states "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Overall, per the submitted assessment, the patient has unchanged or plateaued conditions with some decreased in psychological recurrence without mention for change in medication profile or functional status. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider for this patient who has completed the FRP. Submitted reports have not demonstrated clear indication or support further additional FRP transition treatment beyond guidelines recommendations and criteria. The Remote Care Post FRP (Functional Restoration Program) is not medically necessary and appropriate.