

<b>Case Number:</b>	CM14-0069162		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Arizona. 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 patient is a 22-year-old female who sustained an injury on 9/20/2010 when 2 boxes fell while on the job. The injury was considered to the cervical spine. Over the next several years, she received significant treatment including narcotic and nonnarcotic medications, anti-inflammatory and muscle relaxants. She also received spinal injections as well as Botox injections. She participated in physical therapy and exercise. However, adequate improvement did not occur and she continued the use of narcotics and was depressed. About 8/7/2012, it was considered that she was at a maximal medical improvement. Therefore participation in a functional restoration program was recommended. Subsequently she attended a six-week long functional restoration program in [REDACTED]. Review of records reveals significant improvement in many areas following participation in this program. Improvement occurred in the level of pain, less anxiety and depression, improved physical function as well as range of motion of the spine. The patient could not drive, therefore 5 days of lodging was requested and it was not approved by a medical reviewer on 4/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) days of lodging for functional restoration program (FRP):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional restoration programs).

**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) page 81/611 functional restoration programs.

**Decision rationale:** Functional restoration programs have been recommended, although research is ongoing. Such programs emphasize the importance of function over elimination of pain. However, appropriate selection of the patient to participate in such programs is very important and sometimes difficult. Programs are generally recommended for 2 weeks unless there is evidence of demonstrated efficacy and documented subjective and objective gains. It appears that this patient has already participated in a six-week long program. Reviewing the progress in the medical records, it seems that she has done very well with the functional restoration program. Gains were documented in the cognitive function, coping skills, strength, range of motion of the spine as well as her mood and level of depression. This program was already authorized by the insurance carrier. However, she was not unable to drive to attend this program, therefore 5 days of lodging was requested. This request was not approved by a medical reviewer. This patient did well with this program. Since she does not drive, it would have been very difficult to participate and receive benefits. Therefore it seems reasonable that this lodging expense be covered, since her participation in this program was determined for appropriate cause and diagnosis and there were clear-cut gains. Therefore, Five (5) days of lodging for functional restoration program (FRP) are medically necessary.